

GREENHILL HUMANE SOCIETY, SPCA
FOSTER CARE APPLICATION

Date: _____

Name(s): _____ Date of Birth: _____
Address: _____ City: _____ State: OR Zip: _____
Phones home: _____ work: _____ cell: _____
Email: _____
Employer: _____ Profession: _____

Types of animals you are interested in fostering (please check all that apply):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cat with Kittens | <input type="checkbox"/> Dog with Puppies | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Weaned Kittens | <input type="checkbox"/> Weaned Puppies | <input type="checkbox"/> Guinea Pig |
| <input type="checkbox"/> Sick Cat/Kitten | <input type="checkbox"/> Sick Dog/Puppy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cat Recovering from Surgery | <input type="checkbox"/> Dog Recovering from Surgery | |
| <input type="checkbox"/> Adult Cats Only | <input type="checkbox"/> Adult Dogs Only | |

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How are you affiliated with Greenhill (volunteer, donor, adoptive parent, etc.)? _____

Have you ever fostered animals before? **Yes No** If yes, where? _____
If yes, what kind of animals have you fostered? _____

Do you have a separate room for a foster animal? **Yes No** Which room(s): _____

If fostering a dog, do you have a fenced yard? **Yes No** Type & height: _____

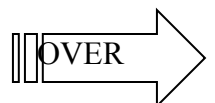
Are you willing to spend three hours daily caring for and socializing the animal? **Yes No**

Will you allow a Greenhill staff member to visit the animal at your home if needed? **Yes No**

Can you provide basic care items such as food, bowls, litter, and litter boxes? **Yes No**

Can you provide transportation to and from Greenhill (or a vet of their choice) for appointments? **Yes No**

Are you willing and able to give medications needed by mouth? **Yes No**
by injection? **Yes No**



Do you own or rent your home? **Own Rent**

(If you rent, we will need to verify your landlord's pet policy.)

Landlord's Name: _____ Landlord's Phone: _____

How long have you been in your home? _____ If less than 2 years please provide your previous address: _____

How many people live in your home? _____ What are their ages? _____

Please list all of the animals you have at home.

Type of Animal	Breed	Sex	Age	Last Vaccination Date	Spayed or Neutered	Where is he/she kept? (inside, garage, run, etc.)

Your veterinarian's Name: _____ Vet's Phone: _____

Please list three references (your vet, other volunteer coordinators you've worked with, employers, neighbors, etc.).

Name	Phone Number	Describe Relationship	Length of Relationship

I certify that the above information is true.

Signature: _____ Date: _____

FOSTER CARE AGREEMENT

I, _____, agree to the following. *Please initial after each section.*

1. I will allow inspection of the animal care area at my place of residence prior to and during the fostering of all animals. _____
2. I will provide all basic care items (such as food and litter) at my own expense. _____
3. I will provide daily exercise and adequate shelter. _____
4. I understand that foster animals are to be kept separate from my pets.
I understand that Greenhill Humane Society will not treat my pets if they become ill or are injured while I am fostering a Greenhill animal(s). _____
5. If at any time during the foster care of this animal(s) I feel that veterinary care is required I WILL CONTACT GREENHILL so arrangements can be made with the vet of their choice. In case of an emergency after business hours I will contact someone on the emergency contact list they have provided. _____
6. I understand that animals that become ill while in foster care will be evaluated as if they were at the shelter and that this may result in a decision to euthanize. _____
7. I will return foster animals to Greenhill Humane Society upon their request. _____
8. I understand that the rights to these animals, and their final disposition, remains with Greenhill Humane Society. I understand that the animals in my care are the property of Greenhill Humane Society. At no time may I give away, sell, or keep these animals. I understand that giving away or selling animals that I am fostering constitutes theft and will be reported to the police as such. _____
9. I will not initiate adoption proceedings for these animals. I will refer all interested parties to Greenhill Humane Society for adoption information. _____
10. If I wish to adopt a foster animal I will follow the Greenhill Humane Society guidelines and pay the required fees. _____
11. I understand that Greenhill Humane Society assumes no liability for damages caused by the animal(s) while in my custody. Greenhill is not responsible for determining the temperament or other characteristics of the foster animals. _____
12. I understand that there is a danger inherent in handling animals and I agree to hold harmless and indemnify Greenhill Humane Society from any injuries or loss sustained by me or others which may be caused by the animal(s) I am fostering. _____

Foster Care Volunteer Signature

Date



Greenhill Humane Society, SPCA
88530 Green Hill Road ● Eugene, OR 97402
Phone: 541-689-1503 ● Fax: 541-689-5261

Background Check Request

The successful completion of a background check is required of volunteers. Adults with criminal convictions are not eligible to serve Greenhill Humane Society. You are responsible for notifying Greenhill of any changes to your record that might render you ineligible to volunteer.

Name: Last _____ First _____ Middle _____

Maiden/Alias Names: _____

Address: _____

City: _____ State: OR Zip: _____

Date of Birth: ____ - ____ - ____

I hereby grant Greenhill Humane Society, SPCA permission to perform a background check on me including checking civil and criminal court records and DMV records.

Applicant's Signature: _____ Date: _____