



MORONGO BASIN HUMANE SOCIETY, INC.

Joshua Tree No-Kill Animal Shelter

Foster Parent Agreement and Waiver Form

I understand the Morongo Basin Humane Society (MBHS) runs a Foster Care Program for animals that are not adoptable because of age, medical condition, or behavior. I understand that the shelter manager or MBHS Board of Directors must approve any determination made concerning these animals and that, by fostering, I am taking temporary custody of an animal belonging to MBHS. I do not become the owner, and I will return the animal(s) on the scheduled date or on demand, whichever is sooner. I understand that any and all placements will only be made through the MBHS No-Kill Animal Shelter and are subject to the same guidelines as any other adoptions.

I understand that by signing this form, I agree to release and covenant to hold harmless the MBHS and its employees from any claims, damages, costs or actions incurred as a result of the care or actions of fostering an animal. I accept full responsibility for the actions of the animal(s) at all times. I agree that the MBHS is not liable under the concept of charitable immunity.

I hereby acknowledge that I have read, fully understood, and fully agreed to all parts of the MBHS Foster Parent Agreement and Questionnaire. Upon approval into MBHS's Foster Program, I agree to abide by all policies pertaining to the program and uphold my responsibilities to the MBHS and the foster animals in my care at all times. I certify that the information is true and accurate to the best of my knowledge. I understand that providing false information can lead to my removal from the MBHS Foster Program.

Name (please print)

Date

Signature

Driver's License #/State

For Office Use Only

Screened by: _____

Date: _____

Approved Denied

Comments: _____



MORONGO BASIN HUMANE SOCIETY, INC.

Joshua Tree No-Kill Animal Shelter

Foster Parent Questionnaire

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email: _____ Phone 2: _____

Have you ever fostered from a Shelter before? Yes No

If yes, where and when? _____

1. What is your current housing situation?

Do you: Rent Own House Apartment/Condo Other

1a. If you are renting your home, please provide us with your landlord's contact info:

Name: _____

Address: _____

Phone: _____

(For Shelter Use: Contacted by/date: _____)

1b. Do you have a fenced-in yard? Y N If yes, how tall? _____

1c. Would you agree to have your property checked prior to fostering? Y N

2. Are there any covenants or restrictions in your community regarding?

a. the number of animals in your household: Y N Unknown

b. certain breeds: Y N Unknown

3. Including you, how many adults are living in your household? _____

4. How many children live in or regularly visit your household? _____ Ages? _____

5. How many hours in an average work day will the foster animal(s) be unattended? _____

Where will the foster animal(s) be kept when you are not at home? _____

6. The activity level at home is: Very quiet Relaxed Varies Active Very exciting

7. How many animals do you have in your current household?

_____ Cat(s) _____ Dog(s) _____ Other

8. Are any unaltered, sick, or not up to date on vaccines? Y N

If yes, please explain _____

9. Are you willing to introduce any pet(s) prior to fostering, if needed? Yes No

10. Are you willing to keep any foster animal(s) isolated if needed? Yes No

11. Where specifically will you keep your foster animal(s) during the day? _____

12. Where specifically will you keep your foster animal(s) at night? _____

13. Where and how would they get exercise or play? _____

14. Please indicate which of the following types of fostering you'd be interested in:

Mother cat with nursing kittens <i>Mother with young at least until they are weaned at 4-6 weeks of age</i>	<input type="checkbox"/>
Underage kittens <i>Kittens under 8 weeks of age that could require from 2-4 weeks of care</i>	Bottle fed <input type="checkbox"/> Weaned <input type="checkbox"/>
Mother dog with nursing puppies <i>Mother with young at least until they are weaned at 4-6 weeks of age</i>	<input type="checkbox"/>
Underage puppies <i>Puppies under 8 weeks of age that could require from 2-4 weeks of care</i>	Bottle fed <input type="checkbox"/> Weaned <input type="checkbox"/>
Behavior Modification Animals <i>Young in need of additional socialization, or older in need of observation and/or rehabilitation, in a home environment to become adoptable</i>	<input type="checkbox"/>
Injured or sick animals <i>Will probably require giving medications or providing special housing circumstances, including keeping medical appointments. Could require from 2-8 weeks of rehabilitation and care, depending on issues.</i>	<input type="checkbox"/>
Hospice <i>Older animals that are harder to adopt, which may have medical issues but still enjoy quality of life. May require giving medications, subcutaneous fluids, or special diets -- in some cases, so that an animal can pass peacefully.</i>	<input type="checkbox"/>

15. Do you have any prior experience providing this kind of foster care? Yes No

If yes, please explain: _____

16. If applicable to your foster(s), would you be interested in participating in events (adoption outings, fundraisers, etc)? Yes No

17. Would you be willing to report on your foster animal(s) progress? Yes No
If so, how often? _____

18. Are you financially prepared to provide food, litter, toys, etc., as needed? Yes No

19. How many consecutive weeks are you willing to care for foster animals? _____

20. When are you available to start fostering? _____

21. Additional comments or information: _____

