



## Foster Family Information Sheet

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you:     Own     Rent     Lease

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you currently fostering for another organization besides HSVC? \_\_\_\_\_

### Household Information

Number of adults in the household \_\_\_\_\_

Number of children in the household \_\_\_\_\_ Ages \_\_\_\_\_

Are there other cats in the household? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_

Are there dogs in the household? \_\_\_\_\_

If yes, how many? \_\_\_\_\_ Breed(s) \_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_

Please describe your household. For example: is it quiet, is there a lot of activity, etc.?

---

---

---

Do you have a private space a cat/kitten can be isolated for up to 14 days? \_\_\_\_\_

Can this space be easily cleaned? \_\_\_\_\_



## General Fostering Information

Are you interested in fostering (check all that apply):

Pregnant cats \_\_\_\_\_ Nursing cats/kittens \_\_\_\_\_ Weaned kittens \_\_\_\_\_

Cats with special needs \_\_\_\_\_ Sick and/or injured cats \_\_\_\_\_ Bottle-feeding orphaned kittens \_\_\_\_\_

Do you have experience bottle-feeding kittens? \_\_\_\_\_

Are you interested in learning to bottle-feed? \_\_\_\_\_

Please list previous experience with those areas you checked: \_\_\_\_\_

Do you have experience socializing feral kittens? If so, briefly describe: \_\_\_\_\_

If fostering a Mother and her kittens, or orphaned kittens, how long are you willing to do so?

Until kittens are 8 weeks old \_\_\_\_\_ As long as needed \_\_\_\_\_ Until they are adopted \_\_\_\_\_

Where will the cat(s) be housed? (We generally recommend an isolated space, such as a spare bedroom, den, laundry room, or bathroom – especially for pregnant or nursing cats.)

How many hours a day can you spend with the cat(s)? \_\_\_\_\_

Are you willing to (please check all that apply):

\_\_\_\_\_ Transport the cat(s) to our vet, located in Ojai, as needed?

\_\_\_\_\_ Allow adoptive families to visit your home and meet the cat(s) for possible adoption?

\_\_\_\_\_ Take pictures and have those readily available for our media and marketing coordinator?

\_\_\_\_\_ Write a description about each cat/kitten(s)?

\_\_\_\_\_ Learn to administer subcutaneous fluids?

\_\_\_\_\_ Learn to administer medications?



I, \_\_\_\_\_, make the following statements and voluntarily enter into this Foster Care Agreement (hereinafter “Agreement”) to provide temporary care as a foster caregiver for Humane Society of Ventura County (hereinafter “HSVC”).

1. \_\_\_\_\_ I have never been convicted of animal cruelty, neglect, or abandonment. I agree to notify HSVC within two business days if I am arrested for, or convicted of animal cruelty, neglect, or abandonment in the future.
2. \_\_\_\_\_ I agree to comply with all federal, state, and local laws that pertain to companion animals and pet ownership in the jurisdiction where I reside.
3. \_\_\_\_\_ I understand that HSVC reserves the right to check on the welfare of my foster animal, which may include a visit to my foster home. I further understand that HSVC may remove a foster animal from my care for any reason at the sole discretion of HSVC.
4. \_\_\_\_\_ I acknowledge that I have received a copy of the HSVC Foster Care Manual (“Manual”), and that I have read the Manual. I agree to fully comply with the policies, guidance, and requirements set forth in the Manual as applicable to my foster animal.
5. \_\_\_\_\_ I understand and agree that I will be solely responsible for any personal injury, death or property damage caused by my foster animal to any person, property or other animals.
6. \_\_\_\_\_ I understand that HSVC recommends that my foster animal(s) is to be kept separate from any other animals currently living in my home. I agree that if I choose to introduce my foster animal(s) to any other animal living in my home, I will be solely responsible for any illness or injury to other animals.
7. \_\_\_\_\_ I agree that the animal(s) that I foster will reside in my home, will be kept as household pets, and will not be used for breeding.
8. \_\_\_\_\_ I agree to notify the HSVC Foster Coordinator immediately by phone and in writing at 805-646-6505 and [foster@hsvc.org](mailto:foster@hsvc.org) immediately if my foster animal(s) becomes lost or separated from me.
9. \_\_\_\_\_ I agree to notify the HSVC Foster Coordinator immediately by phone and in writing at 805-646-6505 and [foster@hsvc.org](mailto:foster@hsvc.org) immediately if my foster animal demonstrates any aggressive behavior, including but not limited to, biting a person or another animal.
10. \_\_\_\_\_ I agree to seek any required immediate medical care if I am bitten by my foster animal, or if I receive any other physical injury resulting from interaction with my foster animal. I further agree to seek any required immediate medical care for any member of my household who is bitten or suffers any other physical injury resulting from interaction with my foster animal. I agree to promptly notify the HSVC Foster Coordinator whenever anyone is bitten or otherwise injured by a foster animal in my care, whether or not any immediate medical care is required.
11. \_\_\_\_\_ I agree to promptly return my foster animal(s) at any time up on the request of the HSVC Foster Coordinator or any HSVC staff member.
12. \_\_\_\_\_ I agree to receive and respond to calls and emails concerning my foster animal(s), from HSVC shelter staff, veterinary staff, and potential adopters, and to provide the HSVC Foster Coordinator with updated contact information if any of my contact information changes.
13. \_\_\_\_\_ I agree to transport the animal to HSVC or an approved veterinary clinic to receive medical treatment as requested by the HSVC Foster Coordinator or HSVC staff. If my foster animal experiences a medical emergency, I agree to follow the instructions outlined under “In Case of an After Hours Emergency” in Manual.
14. \_\_\_\_\_ I understand that HSVC will not reimburse me for any routine or non-emergency care for my foster animal that is not pre-approved in writing by the HSVC Foster Coordinator.



15. \_\_\_\_\_ I agree to contact the HSVC Foster Coordinator at 805-646-6505 for any other emergency or non-emergency matters.
16. \_\_\_\_\_ I agree to assume the risks implicit in working with animals who may have been abandoned, neglected, mistreated, or who may suffer from an illness or disease. My participation in the HSVC Foster Program is entirely voluntary and without the promise or expectation of compensation. I have no known physical or mental condition that would impair my ability to participate in the HSVC Foster Program. I understand that while HSVC staff carefully monitors all animals, HSVC may have limited knowledge of their behavioral or medical backgrounds. Therefore, I understand that HSVC makes no warranties or representations regarding my foster animal's health, behavior, temperament, age, breed or suitability for my household. I further understand that environment changes may affect and change the temperament of my foster animal(s).
17. \_\_\_\_\_ I understand and agree that the Humane Society of Ventura County, and its officers, employees and representatives shall have no liability or responsibility of any nature for personal injury, death or property damage to any person, animal, or property which may be caused by my foster animal(s) or my participation in the HSVC Foster Program. I, for myself and my heirs, executors, administrators, and assigns, hereby release, indemnify, and hold harmless, that the Humane Society of Ventura County, and its officers, employees and representatives and their heirs, administrators, executors, successors, and representatives from all liability for and all risk of personal injury, death, or property damage to me, any animal or property that may occur now or hereafter in connection with my foster animal(s) and my participation in the HSVC Foster Program. I expressly agree that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the State of California and that if any portion is held invalid, the remainder shall continue in full force and effect.

By my signature below, and by my initials beside each numbered paragraph above, I affirm that all statements and stated agreements contained in this document are truthful. I affirm that I have read and understand this Agreement in its entirety, and I agree to abide by the terms of this Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_