



# Foster Caregiver Application

**PLEASE READ BEFORE COMPLETING APPLICATION**

**The Foster Caregiver Program is limited to New Hampshire residents only.** This program allows shelter cats and dogs to recover from illness, nurse their young or become a well-socialized pet in the comfort of a home environment. Foster caregivers that have their own animals must be able to separate their own pets from foster pets unless otherwise specified by HSFN staff. All foster pets should be inside the foster home and supervised by an adult over the age of 18.

In accordance with NH State laws, the shelter is required to inspect all foster facilities annually to ensure they meet with acceptable standards for the health and safety of the animals. Once your application is received and reviewed, a shelter representative will be contacting you to arrange for such a visit. This visit will be brief (~30 minutes) and will focus on inspecting the area of your home where the animal(s) will be residing.

If applicable, we also require current copies of your pets' rabies vaccination records. We will anticipate collecting this information at the time of the home visit.

Please complete and sign the following pages and return to [Linda@hsfn.org](mailto:Linda@hsfn.org) or drop off at the shelter during our normal hours of operation. After receiving and reviewing application, we will be contacting you.

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Are you the homeowner? \_\_\_\_\_ Driver License # \_\_\_\_\_

Have you ever fostered a pet from HSFN or any other group before? YES NO

Do you currently foster for another group? If yes, who? \_\_\_\_\_

Have you ever owned a pet? YES NO

What type pets have you owned? \_\_\_\_\_

Do you have animals at home now? YES NO

If yes, what kind and how many of each? \_\_\_\_\_

- Do your cats stay indoors only? YES NO
- Are any of your cats positive for Feline Leukemia or FIV? YES NO
- Are all your pets current on Rabies vaccine per NH law? YES NO
- Are all your pets spayed or neutered? YES NO
- How will you safely separate your pets from the foster animals in your home?



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Number of children living in your home \_\_\_\_\_ Ages \_\_\_\_\_

How many hours of daily care and interaction with your foster can you provide? \_\_\_\_\_

Are other members in your household aware you would like to foster? YES NO

Are you capable of giving prescribed medications, feeding special diets and providing the basic necessities for the fostered animals? YES NO

Do you understand that anyone interested in adopting your foster animal (including yourself) must go through standard adoption process and approval? YES NO

Can you accept the fact that some animals may not survive? YES NO

## Please select any foster opportunity you are interested in applying for:

- \_\_\_ 1) **Pregnant Cats:** You will need to provide care for a mother cat for some time before delivery and at least 8 weeks after the kittens are born. Mom will deliver the kittens in your home. You will be required to return to the shelter with the mom and kittens for routine de-worming and vaccinations before their final return date. You may need to medicate mom, the kittens or both.
- \_\_\_ 2) **Mothers w/ kittens:** You will need to provide care for a mom and her kittens. Depending on the age of the kittens at the date of pick up, this could require up to an 8 week commitment. You will be required to return to the shelter with the mom and kittens for routine de-worming and vaccinations before their final return date. You may need to medicate mom, the kittens or both.
- \_\_\_ 3) **Orphaned Kittens:** You will need to provide care for kittens who are old enough to eat on their own, but too young for adoption. Depending on the age of the kittens at the date of pick up, this could require up to 8 weeks of foster care in your home. You will be required to return to the shelter with the kittens for routine de-worming and vaccinations before their final return date. You may need to medicate the kittens.
- \_\_\_ 4) **Bottle Feeders:** You will need to provide AROUND THE CLOCK CARE for neonate kittens without a mother. These kittens need specialized care and are difficult to raise. Because these kittens are considered newborns, they must be fed a specialized diet by bottle every 2-3 hours. They also require stimulation to urinate and defecate; they must be kept on a heating pad at all times. Because newborn kittens lack the natural antibodies passed on in a mother cat's milk, there is a high mortality rate. Additional training will be given to anyone interested in this foster opportunity.
- \_\_\_ 5) **Post Operative Care:** Dogs/Cats: Some animals come to the shelter with injuries that require surgery. These surgeries include, but are not limited to; broken leg repairs, knee repair, hip repair, amputation, dental surgery, eye surgery etc. During the time that an animal is in your foster care, you will be required to give medications, perform bandage changes, inspect surgical sites, perform rehabilitative exercises and return to the shelter for follow up visits. This time commitment depends on the recovery expectations. A thorough explanation of all care will be given at the time of pick up.
- \_\_\_ 6) **K9** \_\_\_\_\_



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## Foster Caregiver agrees to:

- Contact HSFN immediately for proper care instructions in the event fostered animal(s) require medical attention due to illness or accidental injury.
- Assume the cost of medical care administered to fostered animal(s) due to Foster Caregiver's gross negligence or harmful acts.
- indemnify the HSFN for court costs and reasonable attorney's fees incurred by HSFN in its attempts to regain custody of fostered animal(s) in the event Foster Caregiver refuses to return the animal(s) to HSFN upon its written or oral request to do so, or at the agreed upon time as stated in this Agreement.
- Contact HSFN and the local animal control officer immediately in the event fostered animal(s) is stolen or lost while under the Foster Caregiver's supervision and further will assist in the recovery of the fostered animal(s).
- Provide HSFN with the fostered animal(s)' remains or otherwise verifiable proof in the event the fostered animal(s) dies or is killed while under the Foster Caregiver's supervision.
- Sign a waiver that states: I agree to abide by all of the terms and conditions outlined in the Foster Program Information Packet. Furthermore, I understand that the animals placed in my home as fosters are the property of the Humane Society for Greater Nashua and must be returned upon request from a shelter agent. All adoptions must be done through the shelter and this animal cannot be given to anyone other than HSFN.

The Humane Society makes no guarantees as to condition, vaccination status or temperament of the foster animals. Therefore, the Humane Society for Greater Nashua cannot be held responsible in the event of a bite, exposure to unforeseen illness, property damage or other aspects out of the Humane Society's control.

Foster Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### HSFN Use Only

Application received [date] \_\_\_\_\_ Applicant contacted [date] \_\_\_\_\_

Home visit completed [date] \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ as a foster provider

Notes \_\_\_\_\_

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**Humane Society for Greater Nashua**  
 24 Ferry Road • Nashua, NH 03064  
 (603) 889-2275 • [www.hsfm.org](http://www.hsfm.org)