

SANTA MARIA VALLEY HUMANE SOCIETY

751 BLACK RD. * SANTA MARIA, CA 93458

(805) 349-3435

Feline Foster Care Application for _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip Code: _____

Do You: Own ___ Live with Parents: _____

Rent ___ Landlord's name and phone number: _____

Are you currently allowed to house animals? _____

Number of people in your household: Adults? ___ Children/Ages? _____

Please list all pets currently living in your household:

Name - Type - Sex - Age - Spayed/Neutered? - Last Vaccinations

Do your pets get along with: Cats? _____ Dogs? _____

Who will be the primary caretaker of the foster animals? _____

How many hours will the foster kittens be left alone? _____

Are you currently in any other foster or rescue programs (including caring for your community's feral cats)?

No ___ Yes/Please Explain: _____

Where will the animals be kept? (confinement/routine)

Please give a brief description of why you want to volunteer your services to the Foster Care Program. _____

I hereby assume the risk of fostering the above animal(s), and irrevocably waive and release the Santa Maria Valley Humane Society from all claims I may have against the organization, its employees, officers, and directors by reason of any act, transaction, or event relating to the above described animal(s), including, but not limited to personal injuries related thereto. I agree to: 1) Respect and obey all animal services laws imposed by City, County, State and Federal government. 2) Notify the Santa Maria Valley Humane Society if the animal is lost or stolen. 3) Provide adequate food, care, shelter, veterinarian care, and affection to the above animal while in my care.

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination. I acknowledge that this application will remain the property of the Santa Maria Valley Humane Society.

Signature: _____

Date: _____

Authorized Officer of Santa Maria Valley Humane Society

Signature: _____ Date: _____