



SafeHaven Humane Society  
32220 Old Highway 34  
Tangent, OR 97389  
(541) 928-2789  
[www.safehavenhumane.com](http://www.safehavenhumane.com)

## FOSTER CARE APPLICATION

*We can't wait to have you join our life-saving team!*

Fostering is temporarily caring for a homeless pet in your home. The foster program is one of the most important aspects of our life-saving impact. We could not accomplish our mission, goals, or save nearly as many lives without our fosters.

### Requirements:

- ✓ Be 18+ years of age
- ✓ Complete the Foster Care Application & Agreement
- ✓ Provide love, care, and close monitoring of your foster pet
- ✓ Ability to bring your foster pet to all required appointments
- ✓ Chat with us if you have pets at home! In most cases, we recommend foster animals be separated from personal pets for a precautionary 14-day quarantine period.
- ✓ Recommended: Attend a Foster Care Orientation

Please note: All foster animals remain under the care of SafeHaven Humane Society and must be adopted through the organization. While foster parents may choose to adopt their foster animal(s), we encourage you to embark on this journey with “goodbye as the goal”.

### Contact Information:

32220 Old HWY 34, Tangent, OR 97389 | [fostercare@safehavenhumane.com](mailto:fostercare@safehavenhumane.com)  
Foster Care: (541) 928-2789 ext. 106 | Admissions Department: (541) 928-6280

### Online Learning:

- SafeHaven <https://safehavenhumane.org/>
- Maddie's Fund Foster Care Flash Classes <https://www.maddiesfund.org/flash-classes.htm>
- Kitten Lady <http://www.kittenlady.org/>
- Fear Free Happy Homes <https://www.fearfreehappyhomes.com/>

# FOSTER CARE APPLICATION

**I am interested in fostering:** *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Adult cat                        | <input type="checkbox"/> Adult dog                    |
| <input type="checkbox"/> Pregnant cat                     | <input type="checkbox"/> Pregnant dog                 |
| <input type="checkbox"/> Bottle fed kittens               | <input type="checkbox"/> Bottle fed puppies           |
| <input type="checkbox"/> Kittens with mother              | <input type="checkbox"/> Puppies with mother          |
| <input type="checkbox"/> Weaned kittens                   | <input type="checkbox"/> Weaned puppies               |
| <input type="checkbox"/> Sick/injured cat/kitten          | <input type="checkbox"/> Sick/injured dog/puppy       |
| <input type="checkbox"/> Kittens in need of socialization | <input type="checkbox"/> Dog in need of socialization |
| <input type="checkbox"/> Terminally ill cat               | <input type="checkbox"/> Terminally ill dog           |

**Personal Information:** *(For internal use only)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

**Emergency Contact:**

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate phone \_\_\_\_\_

**Why are you interested in fostering with SafeHaven?**

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**How did you hear about this program?** *(Check one)*

Flyer / SafeHaven / Friend or Relative / Website / Facebook / Other: \_\_\_\_\_

**Have you fostered before? Yes / No If yes, where?** \_\_\_\_\_

**If yes, what types of animals?** \_\_\_\_\_

**Where do you plan on housing the foster animal(s)?** \_\_\_\_\_

**In the case of emergencies or at-home appointments, will you allow a SafeHaven staff member to visit the animal(s) in your home? Yes / No**

**Have you had any infectious disease in your household? (I.e., Canine Parvovirus, Feline Panleukopenia, Ringworm, Giardia, Coccidia, etc.) Yes / No**

### **Waiver of Responsibility**

I \_\_\_\_\_ am about to participate in the voluntary care of animals for SafeHaven Humane Society, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, my heirs, my executors remise, and all other parties potentially connected to me release, discharge, and hold harmless SafeHaven Humane Society, along with its affiliates, predecessors, successors, assigns, insurers, officers, employees, volunteers, agents, contractors and representatives from all claims, demands, actions, or cause of action on account of any injury to me or my property which may occur during my voluntary Foster Care time. I also certify that the above listed information is true.

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**Signature**

**Date**

*You will be contacted within 3 business days via email (or phone if no email is provided) with more information and upcoming orientation dates.*



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## FOSTER CARE AGREEMENT

I, \_\_\_\_\_, agree to the following:

- Provide time, proper and sufficient food and water, shelter, compassionate treatment.
- I understand that foster care is scheduled for a period of time as determined by the needs of the animal(s) (typically 2-10 weeks). I will discuss my availability with SHHS Foster Care to find a good fit, with intent to keep the animal for the agreed upon timeframe. However, a foster animal(s) may always be returned to SafeHaven prior to the set date to SHHS Foster Care within business hours. Written notice of an animal's unexpected return is appreciated.
- I agree to contact SHHS Foster Care immediately and follow given instructions should the foster animal(s) become ill and need medical care of any kind, including bringing the animal to the shelter if directed, leaving it in shelter custody, or administering medications as directed if provided. SHHS will make the decision on the final outcome of any sick animal, which may include euthanasia if deemed the only humane option. I will not stop prescribed medications without the direction of SHHS Foster Care. I will not start medications that have not been prescribed without the direction of SHHS Foster Care.
- I will not arrange, pay for, or otherwise cause, any veterinary exam, treatment, or surgery to be performed on the foster animal(s) during the period covered by this agreement without the express written consent of SHHS. If I fail to adhere to this provision and seek veterinary care without the approval of SHHS Foster Care, I understand that private veterinary cost incurred for foster animal(s) will not be reimbursed by SHHS.
- I understand that SHHS provides no guarantee as to the health of any foster animal(s), and that my foster animal(s) may have significant medical needs, socialization problems, and not be house trained. SHHS is not liable for personal property damage conducted by any foster animal(s).
- I agree that I am fostering animal(s) for SafeHaven, and that I do not have any rights of ownership over foster animal(s). I understand that I only have my foster animal(s) temporarily. I must follow regular adoption protocol if I decide to adopt my foster animal(s).
- I agree to immediately return any foster animal(s) in my care to SHHS, at the request of SHHS Foster Care at any time for any reason. If SHHS is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify SHHS for all court costs and attorneys' fees connected with such an action.
- If at any point I can no longer, or do not want to continue to provide care, food, or shelter for my foster animal(s), I agree to contact the SHHS Foster Care and arrange for the return of my foster animal(s) back to SHHS.
- If a foster animal(s) dies in the care of the foster parent, I agree to contact the SHHS Foster Care immediately.

- I agree not to place the foster animal(s) in a dangerous situation (e.g., riding in an open pickup truck or left unattended in a car). Kittens and cats must be kept indoors, and in a crate while being transported. Puppies will be secured in a home, crate, kennel run, or enclosed area.
- I understand that SHHS recommends keeping the foster animal(s) separate from any personal animal(s). I further understand that SHHS will not be held liable for any disease or other damage suffered to personal animal(s) not subject to this agreement and will not be responsible for any necessary medical treatment of any animal not subject to this agreement as a result of my foster animal(s) transmissions of parasites, disease, and/or infection. I further understand, that SHHS will not be held liable for any disease or any other damage suffered to Foster Parent by transmissions of parasites, disease, and/or infection.
- I agree to contact the SHHS Foster Care with any and all questions or concerns about my foster animal(s) or the foster program, as well as with updated contact information.
- I understand that if I provide foster care to my foster animal(s) to SHHS's satisfaction, I will be given the first right of adoption of my foster animal(s), at such time as SHHS decides to offer my foster animal for adoption. I understand and agree that my foster animal(s) will be spayed/neutered before adoption and that I will pay the associated adoption fee deemed appropriate by SHHS. A 50% discount on the adoption fee will be provided annually to Foster Parents who have fostered three times for SHHS. This is available on the 4th Fostering.
- I understand that if I choose to remove the foster animal(s) from the immediate geographic area for a short trip, vacation, etc., I will be personally responsible for any veterinary cost incurred in the event of an emergency and will not be reimbursed by SHHS. I agree to notify SHHS Foster Care if I intend to travel with a foster animal(s).
- I agree that if SHHS feels that the animal(s) needs an enrichment and training program, that I will work with SHHS and follow the training program set forth for my foster animal(s) and meet with SHHS staff if needed. I will not use aversive tools or techniques such as choke collars, shock collars, prong collars, pinch collars, e-collars, alpha rolls, hitting, pinning, etc. with any foster animal(s).
- I understand that SHHS has no liability for interactions beyond the agreed scope of the foster mentor program.
- I understand that because the provisions of this agreement are legally binding, any violation of this agreement could result in legal liabilities for myself and SafeHaven.

**I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful, under penalty of perjury under the laws of the state of Oregon.**

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Signature

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Date

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SHHS Representative Signature

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Date