



www.safehavenhumane.com  
32220 Old Highway 34, Tangent, OR 97389  
541-704-7128 – Intake/Foster Care  
541-801-1813 – Emergency After Hours

Thank you for your interest in becoming a foster parent for SafeHaven Humane Society! The goal of this program is to provide animals the love and care they deserve, until they are ready for adoption.

### **Foster Parent Requirements:**

- Be 18 years of age or older.
- Fill out the attached application and speak with the Foster Care Coordinator
- Provide 2 verifiable references.
- For the protection of your pets we require information on all current pets in the household, including current medical records.
- Provide in-home care for SHHS animals assigned under foster program and return animals to SHHS on the date specified.
- Agree to and sign foster agreement/waiver pertaining to the animals you will be caring for.
- You are strongly encouraged to keep a log of your foster pet's behavior, health and any other relevant information deemed appropriate.

***Note: Any animals in your care belong to SafeHaven and therefore must be adopted out through SafeHaven. No animal may be given away or adopted out before being of age and receiving all their vaccinations. All adopters must fill out an adoption application and be approved by SafeHaven.***

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS.**

**Foster Parent Application**

**Please specify which of the following you would like to foster:  
(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           |

Please give a brief description of why you would like to become a foster parent for SafeHaven: \_\_\_\_\_  
\_\_\_\_\_

**\*How did you hear about this program? (Please Circle One)\***

Flyer (located at \_\_\_\_\_)/SafeHaven/ Friend or Relative/Website/ Facebook  
Other: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

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

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

Do you have children? **Yes/ No** If yes, what are their ages? \_\_\_\_\_

Do you work: Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ Neither? \_\_\_\_\_

How many hours per day will the animal(s) be left alone? \_\_\_\_\_

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

Where do you plan on keeping the foster animals while you are gone? \_\_\_\_\_

Will you allow a SafeHaven staff member to visit the animal in your home if needed? **Yes/No**

If fostering a dog do you have a securely fenced yard? **Yes/ No**

Are you able to bring the pets to the shelter for scheduled checkups/vaccinations? **Yes / No**

Please list all pets currently in your household:

Dog/ Cat	Breed	Age/ Sex	Altered?	Last vaccination	Indoor/ Outdoor

Are you able to provide current medical records on all of your pets upon request? **Yes / No**

Your veterinarian's name and phone number: \_\_\_\_\_

**(\*Please note: if your foster care animal requires veterinary care you must contact SafeHaven first so we can evaluate it and have it seen by our local veterinarian)**

Have you had any animal related diseases in your household? I.e. parvo, feline leukemia, ringworm, FIV) **Yes/ No** If Yes what disease? \_\_\_\_\_

**Please list names and phone numbers of two references:**

Name	Phone Number
1.	
2.	

## 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, release and discharge SafeHaven Humane Society, its officers and employees 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_