



fostercare@safehavenhumane.com
32220 Old Highway 34, Tangent, OR 97389
541-928-6280 – Intake/Foster Care
541-704-7128 – Emergency

(Only use if after hours, for emergencies during regular hours please use **Intake/Foster Care** phone number above)

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.

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.

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:** _____

- I would like to be added to the Facebook Group SafeHaven has created for all foster parents/volunteers (this is a wonderful resource for returning *and* new foster parents who have questions/concerns, and also to see foster stories and updates!)



SafeHaven Humane Society Foster Care Agreement

I, _____ agree to the following.

Please initial each section

- _____ I agree to provide time, proper and sufficient food and water, shelter, kind treatment, and to notify SafeHaven if the animal(s) become ill or need veterinary care of any kind (in compliance with provisions of this agreement) for the animal(s) in my care at all times.
- _____ I understand that I could be required to provide foster care for my foster animal(s) for an extended period of time. I agree that the period covered by this agreement is the entire time during which I have custody of my foster animal(s).
- _____ I agree that I am over 18 years of age.
- _____ I agree to deliver foster animal(s) to SafeHaven or authorized veterinarian for vaccinations, medical treatments, and/or spay/neuter surgery on the scheduled dates or upon request by Authorized SafeHaven Representative. Authorized veterinarian must be approved by Authorized SafeHaven Representative.
- _____ I agree to contact the Authorized SafeHaven Representative immediately and follow their instructions, if the foster animal needs medical care of any kind, including bringing the animal to the Shelter if so directed and leaving it in Shelter custody, or administering medications if provided. Shelter 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 arrange, pay for, or otherwise cause, any elective veterinary procedure to be performed on my foster animal(s) during the period covered by this agreement without the express written consent of the Authorized SafeHaven Representative. In the event that foster parent fails to adhere to this provision of the agreement, I understand that private veterinary cost incurred for foster animal(s), will not be reimbursed by SafeHaven.
- _____ I understand that SafeHaven provides no guarantee as to the health of any foster animal, and that my foster animal(s) may have significant medical needs, socialization problems, and not be house trained. SafeHaven is not liable for in person property damage that the foster animal may do.

- _____ 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.
- _____ 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 further agree that SafeHaven's rights in and to my foster animal(s) are superior to mine. I also agree to provide the Authorized SafeHaven Representative access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal(s).
- _____ I agree to immediately return any foster animal(s) in my care to SafeHaven, at the request of the Authorized Shelter Representative at any time for any reason. If SafeHaven is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify SafeHaven for all court costs and attorneys' fees connected with such an action.
- _____ If I am planning to move at any time during the period covered by this agreement, I agree to contact the Authorized SafeHaven Representative prior to my move, with new contact information. I understand that SafeHaven has the right to request return of my foster animal based on such a change of residence, and agree that I will surrender my foster animal to SafeHaven immediately upon request.
- _____ 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.
- _____ 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 Authorized SafeHaven Representative and arrange for the return of my foster animal(s) back to SafeHaven.
- _____ If a foster animal(s) dies in the care of the foster parent, I agree to contact the Authorized SafeHaven Representative immediately and return the animal(s) to the Shelter.
- _____ 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 or in a crate while being transported. Puppies will be secured in a crate, kennel run, or enclosed area.
- _____ I understand that SafeHaven recommends keeping the foster animal(s) separate from any personal animal(s). I further understand that SafeHaven will not be held liable for any disease or any other damage suffered to 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 SafeHaven 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 understand that SafeHaven provides behavior analysis of adult foster animal(s) before going into my temporary custody and therefore Shelter cannot be held liable if the foster animal(s) behavior changes.

_____ I will not transfer possession or custody of my foster animal(s) to any other person at any time, except for temporary, short-term possession for the purpose of vet care, grooming, etc.

_____ I agree to contact the Authorized SafeHaven Representative 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, as long as I provide foster care to my foster animal(s) to SafeHaven's satisfaction, I will be given the first right of adoption of my foster animal(s), at such time as Shelter decides to offer my foster animal for adoption. I understand and agree that my foster animal(s) will be spayed/neutered immediately upon my adoption of the animal and that I will pay associated adoption fee deemed appropriate by SafeHaven.

_____ I agree that if I refuse to comply with any provision of this agreement, Shelter has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal(s). I further consent to provide SafeHaven with access to my premises if necessary to facilitate the return.

_____ I agree that if SafeHaven feels that the animal needs an enrichment and training program that I will work with SafeHaven and follow the training program set forth for my foster animal and meet with the Enrichment and training staff if needed.

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.

Signature

Date

Print Name

----- APPROVED -----

Shelter Representative's Signature

Date

Print Name

Title