



Foster Home Policies & Procedures

By signing and submitting the Foster Parent Application, the individual agrees to accept and abide by the following Foster Home Policies & Procedures

Compensation. Foster services are provided strictly on a volunteer basis. No pay benefits or compensation will be paid by CBHS.

General Care. The Foster Parent must agree to accept personal responsibility for the humane and loving care of shelter animal(s) during their stay in the home. This includes, but is not limited to, adequate shelter, food, water, exercise, general health care, and companionship. Pet food and supplies may be provided by CBHS on request of the Foster Parent.

Veterinary Care. Arrangements are to be made by CBHS for all required routine and emergency medical care. Foster Parents must get prior authorization for veterinary care for their foster animals. If not authorized, any such expenses are the responsibility of the Foster Parent.

Other Pets. Household pets must have up-to-date vaccinations before a shelter animal is placed in the home. Many viruses have an incubation period, thus the Foster Parent's personal pets may be at risk for contagion. Any veterinary expenses incurred for the treatment of household pets are the responsibility of the Foster Parent.

Damage / Injury. CBHS is not responsible for any damages or injuries inflicted by the foster animal to any property, persons, or animals during its stay in the foster home.

Applicable Laws. The Foster Parent must adhere to all leash laws, other applicable laws, and city ordinances regarding the number of animals over five months of age that may live with the Foster Parent. There can be no more than 6 animals in the home- a litter of kittens counts as 1 animal.

Inspection. Agents of CBHS will be allowed to inspect the premises where the animal is being housed on a yearly basis.

Ownership. Fostered animals remain the property of CBHS and may not be sold, traded, given away, or adopted out by a Foster Parent.

Designated Foster Period. If animal(s) are placed in foster care for a designated period of time, the animal(s) will be returned to CBHS at the end of that period or earlier at CBHS request.

Undesignated Foster Period. If animal(s) are placed in foster care for an undesignated period of time and are considered by CBHS to be available for adoption, the Foster Parent will cooperate with CBHS in the showing of the animal(s) to prospective adopters provided that such requests are reasonable.

Adoption. Foster Parents may refer individuals as prospective adopters of fostered animal(s) to CBHS. While the recommendations of the Foster Parent shall be given every consideration, the final decision about an appropriate adoptive home is made by and through CBHS.

Disposition. The purpose of placing animals in foster homes is to give them a chance at life that they might not have had. However, the disposition of the animal(s) in foster care remains the responsibility and is at the sole discretion of CBHS.



Foster Parent Application

Thank you for your willingness to join us in our efforts to protect the welfare of animals in our community!

The purpose of our Foster Program is to enrich the quality of care for our shelter animals, which may be ill, injured, orphaned, handicapped, or unsocialized. The goal of the program is to prepare pets for placement into a loving, forever home.

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell #: _____ Email: _____

Do you own or rent? _____ Please circle: Home / Mobile Home / Condo / Townhouse / Apartment / Other

Age: ☐ Under 18 ☐ 18-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

If you do not own your home, are animals allowed there? _____

If you rent please provide: Landlord's Name: _____ Phone: _____

Do any children live in your home? _____ Yes _____ No. If yes - list ages _____

How many adults (18+), including yourself, live in your home? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Please provide their names: _____

Does anyone in your home have allergies, what kind? _____

Which kind of animals would you be willing to foster:

Injured or ill ☐ Cat(s) ☐ Kitten(s) ☐ Dog(s) ☐ Puppy

Mother with litter ☐ Cat(s) ☐ Dog(s)

Pregnant ☐ Cat(s) ☐ Dog(s)

Orphaned ☐ Kitten(s) ☐ Puppy

Handicapped ☐ Cat(s) ☐ Kitten(s) ☐ Dog(s) ☐ Puppy

Unsocialized ☐ Cat(s) ☐ Kitten(s) ☐ Dog(s) ☐ Puppy

Livestock / what kind? _____

Other domesticated animals:

☐ Guinea Pigs ☐ Rats/Mice ☐ Hamsters/Gerbils ☐ Snakes ☐ Rabbits ☐ Reptiles ☐ Ferrets ☐ Birds

Which room(s) will be used to care for the animal(s) _____

Do you have any area in your home you can insolate an animal if necessary? _____ Yes _____ No

Please describe _____





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What kind and how many pets do you have now? ____ Cat(s) ____ Kitten(s) ____ Dog(s) ____ Puppy
What other kinds of pets do you have? ____
Are your pets indoor or outdoor? ____
Are all of the described animals above current on required vaccinations? ____
Are all of your animals spayed / neutered? ____ Yes ____ No If not, why? ____
Your veterinarian's name: ____ Phone: ____
Do you have a yard? ____ Yes ____ No Is it fenced? ____ Yes ____ No
What kind of fence & how high? ____
How many hours do you feel you could spend daily caring for your foster animal? ____
How many hours would the fostered animal(s) be alone? ____
How long would you be willing to foster an animal? ____ Long-term ____ Short-term
Are you willing to administer medicines (pills or liquid) if needed? ____ Yes ____ No
What would the foster care arrangements be when you are not home? ____

Please tell us about any special training you have in animal care: ____

Please tell us about any past experience you have had as a foster parent: ____

Please mail to the address listed below or email to CedarBend.Foster@gmail.com

Please read through your application and make sure everything is correct.

By signing below, you are agreeing to the terms listed in the POLICIES & PROCEDURES sheet, and the above.

Signature: _____ Date: _____

To be completed by an authoized Cedar Bend Humane Society employee:

Current and valid photo ID: Y / N

Animal Control Background Check: _____

Veterinary Check: _____

CBHS Employee Signature: _____ Date: _____

The Cedar Bend Humane Society commits itself to providing humane care for all animals under its protection, educating the community about responsible pet ownership, and advancing the cause of kindness to all animals.

CEDAR BEND HUMANE SOCIETY



FOSTER PROGRAM CONTACT INFORMATION

Please call the Foster Program Coordinator between 9:00AM - 5:00PM with questions, concerns, or to schedule foster animal veterinary care or other check-ups.

Foster Program Coordinator:

Ph: 319-232-6887 E-mail: CedarBend.Foster@gmail.com

If the Foster Program Coordinator is unavailable, please ask for a Med-Tech

EMERGENCY PROTOCOL AND CONTACT INFORMATION

On occasion, foster animals have medical emergencies that happen outside of normal hours of operation, 9:00AM - 5:00PM.

Please note that if you make the decision to take the foster animal to a veterinary facility without prior approval from CBHS, we will NOT be responsible for any of the costs incurred.

Please initial that you understand the above statement _____

