

**Humane Society of South Mississippi
2615 HWY 49
Gulfport, MS 39501**

**Amy Macomber, Foster Care Coordinator
(228) 863-4394 ext 123
foster@hssm.org**

FOSTER PARENT(S) APPLICATION

Name(s): _____
Address: _____ City & Zip: _____
Home Phone: _____ Cell Phone: _____
Alternate Phone: _____ Email: _____

What animal(s) are you interested in fostering? _____

How many animals are you willing to foster at a time? _____

How long are you willing to keep a foster animal in your home?

Are you willing to foster nursing mothers with litters? _____

Are you willing to bottle feed? _____

Are you willing to foster animals with Socialization (timid or shy) issues?

Living Conditions:

Do you own or Rent? _____ Landlord allow Pets? _____

___House ___Apartment ___Trailer Other: _____

Do you have a yard? _____ Is the yard fenced? _____

Approximate size of your yard? _____

Home Environment:

Do other family members live with or visit you frequently? _____

Do they share your interest in fostering animals? _____

Do you have any children? _____ Ages: _____

Who will care for, train, and exercise the animals? _____

What pets do you have in your household? _____

Are they **ALL** current on Vaccinations? _____

Are they **ALL** Spayed or Neutered? _____

Do they get along with other animals? _____

Where will you be keeping the fosterlings in your home?

How long daily will the fosterlings be left alone?

Where will they stay when you are away from the house?

Veterinarian Information:

Name: _____ Phone: _____

City: _____

Please call or email Amy Macomber to make an appointment for application review 228-863-4394 ext 123 or foster@hssm.org

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FOSTER PARENT(S) AGREEMENT

Name(s): _____ (hereafter "Foster Parent(s)")

By signing this document, each Foster Parent on his/her behalf and on behalf of his/her children under 21 years old ("dependents"), agrees with HSSM that:

1. He/she shall properly feed, house, possess and control the Animal known as _____ ("Dog/Cat") that HSSM has entrusted to him/her as a Foster Parent.

2. He/she shall attend to veterinary needs and care for the animal(s), but HSSM shall be responsible for payment of all veterinary expenses for the Animals **ONLY IF EACH SUCH EXPENSE IS PRE-APPROVED BY AMY MACOMBER BEFORE IT IS INCURRED.** Otherwise, each Foster Parent is responsible for the veterinary charges for the Animal(s).

3. Each Foster Parent and his/her dependent hereby knowingly and voluntarily release and waive all past, present and/or future claims each of them may have against HSSM for injury, loss, damage, death or illness of the Foster Parent, his/her dependent, the Foster Parent(s)' animals and/or property Foster Parent owns, in any way related to any acts or omissions of HSSM, alleged or proven, in any way related to the animal(s), regardless of whether such injury, loss, damage, death or illness was caused by the sole, concurrent or proportionate negligence, fault, strict liability or breach of obligation by HSSM.

Each party to this Agreement irrevocably agrees that the state courts located in Harrison County, Mississippi shall have exclusive jurisdiction to adjudicate any dispute and/or controversy of whatsoever nature arising out of or related to this Agreement.

4. Each Foster Parent(s) accepts care, custody and control of the Animal(s) "as is, where is" with waiver of all express and implied warranties, including without limitation any warranty of fitness for a particular purpose.

5. Each Foster Parent(s) understands that the Animal(s) may be dangerous or not as fit as the Animal may appear, understands the risk of injury and death to persons, harm to property, and sickness arising out of or in connection with the Animal and voluntarily assumes and accepts any and all such risks.

6. Each Foster Parent(s) agrees to let the Dog(s) live indoors with access to a fenced yard. Dog(s) will never be left unattended in the backyard unless the Foster Parent(s) is sure that the Dog(s) will not escape from the yard. The Dog(s) will be brought in at night to sleep. All Cat(s) must remain indoors at all times.

7. Finally, the provisions of this agreement are severable and the terms and conditions shall survive even if the Animal(s) dies or is returned to HSSM.

Signature:

_____ Date _____
Foster Parent

_____ Date _____
Foster Parent

Foster Care Coordinator: Amy Macomber
228-863-4394 ext 123