



**FOSTER HOME PROFILE APPLICATION, FOSTERING  
AGREEMENT AND RELEASE**  
(APPENDIX A – Foster Policy & Procedures)

Thank you for your interest in our foster program. Please answer all of the questions and submit (if online) or send this form back to us via email, mail or in person (if hard-copy). You will be contacted by a LLBRHS designate who will ensure you understand our procedures, and will place you on our Foster List upon approval. He/she will contact you when we have an animal which we feel may fit into your home. After receiving a description of an animal, it is your choice to accept the animal for foster care or not.

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. Why do you want to foster?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What animals do you wish to care for? (please check appropriate boxes & cross off any that don't apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Puppies/ large dogs/ small dogs | <input type="checkbox"/> Exotics (birds, reptiles, rodents) |
| <input type="checkbox"/> Kittens/ Cats                   | <input type="checkbox"/> Litters                            |
| <input type="checkbox"/> Special needs                   | <input type="checkbox"/> Senior pets                        |

3. What type of home do you live in? (eg. apt, condo, house, acreage, etc.) **Note: if you rent, we MUST receive a permission letter from your landlord before we can place any animal with you.**

\_\_\_\_\_

4. Is your home in an Urban (i.e. town) or Rural (country) area? \_\_\_\_\_  
If Urban, do you have a fenced yard? Yes No

5. Can you transport your foster animal? (eg. to the vet if required, to our adoption days, etc.)  
Yes No

6. How many adults live in your home & are they all in agreement with fostering? \_\_\_\_\_

7. Do you have children living in or frequently visiting your home? Yes No  
If yes, what are their ages: \_\_\_\_\_

8. Does anyone in your home suffer from animal allergies? Yes No

9. Do any of the adults in your home have experience fostering? \_\_\_\_\_

\_\_\_\_\_

10. Are all of the adults in your home away during the day? Yes No  
If yes, how many hours/ day will the animal be alone? \_\_\_\_\_

11. Do you have other animals in your home? Yes No  
If yes, please describe number, species, sex (fixed or not), ages & any behavioural issues:

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12. Do all of your animals have up-to-date vaccinations? Yes No  
*NOTE: if your animals are not vaccinated, you may be exposing them to increased risk of contracting illness or disease from contact with foster animals of uncertain history.*

13. What supplies do you require be provided to care for the animal(s):

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14. Briefly describe your experience with animals: \_\_\_\_\_

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15. Are you willing to foster an animal "long term"? (i.e. one month or more) Yes No

### RESCUE FOSTERING AGREEMENT

***Purpose of Fostering:** To allow a rescued animal to live in a home environment while awaiting permanent placement, permitting the Fosterer to fully evaluate the animal, both physically and emotionally. A home environment is not only a lot less stressful on the animal than a kennel facility, but is also less expensive for the Society. The additional socialization the animal receives from being treated as "one of the family" allows for a better assessment of the individual animals' suitability for permanent placement.*

The Lac La Biche Regional Humane Society, Inc., hereafter known as the LLBRHS, considers Fosterers to be essential to the welfare and ideal placement of our rescued animals and wishes the experience to be enjoyable and free from misunderstandings.

If approved to be a foster home for the LLBRHS, I, \_\_\_\_\_ agree to foster animals in my home for the LLBRHS. I will care for these animals to the best of my ability, providing them with all of the necessities of life. At no time will I abuse or mistreat these animals, nor will I give them away or adopt them out to anyone without the prior approval of the LLBRHS. I also agree that I will not hold LLBRHS or any of its agents responsible for any damage that may be done by a foster animal to myself, my property, or any person(s) who come into contact with the animal; nor for any illness/ injury which my own animals may contract from contact with foster animals. I understand that the animals I foster belong to LLBRHS and, as such, must be returned upon request.

**Release:**

In consideration of being permitted to participate as a volunteer with the LLBRHS, I, the Undersigned, agree to assume all risk of loss or injury to myself or damage to my property while working as a LLBRHS volunteer. I hereby waive any right of action I may have had or may in the future lodge against the LLBRHS, its successors, assigns, directors, staff, agents or volunteers for any such loss or injury caused by negligence or default of the LLBRHS, its successors, assigns, directors, staff, agents or volunteers whether acting in scope of employment or not.

I acknowledge that the animals of the LLBRHS are not trained by the LLBRHS and that they may be unpredictable. I also acknowledge that the LLBRHS strongly recommends I consult my physician about any concerns I might have related to working with animals. If I have any reason to suspect I am pregnant, the LLBRHS recommends I consult with my physician regarding working with cats. I hereby waive for myself, my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representatives and dependents may have had or may in the future lodge against LLBRHS and its successors, assigns, directors, staff, agents and volunteers. By my virtual signature, I acknowledge that I am of full age and that I have read this release and have voluntarily signed it.

I understand that as a Foster Parent for the Lac La Biche Regional Humane Society, it is my responsibility to be aware of and abide by all current regulations pertaining to the Foster Program. I understand that all animals that I foster through the Society are the property of the Society and will remain so until such time as the animal is legally adopted through the Society. I understand that the Society reserves the right to inspect my home at any time and may remove foster animals at their discretion.

I understand that the LLBRHS reserves the right to refuse my application as a foster at any stage of the screening process; or to terminate me as a foster for any reason the LLBRHS Board deems justifiable.

I declare that I will act with discretion and hold in the strictest confidence to the Lac La Biche Regional Humane Society, all matters, including records, documents, correspondence, conversations, telephone conversations, e-mail communications or the like, regarding individual animals, their previous owners, breeders and/or rescue or shelter organizations, or any adoptive families with whom I come into contact with, and will continue to do so even after I am no longer an employee or volunteer with the Lac La Biche Regional Humane Society.

I understand and agree that the LLBRHS makes NO warranties as to the temperament behaviours, habits or background of any animal placed for fostering in my home. All information LLBRHS receives about any given animal shall be shared with me, but they cannot attest to the accuracy of any information provided to them by another party.

I acknowledge that any equipment, official material, donations, or identification issued to me by the LLBRHS remains the property of the LLBRHS and must be returned upon my resignation, termination, or on demand.

I grant permission for my name and/or photograph to be published or acknowledged publicly for the purposes of advertising and/or volunteer recognition.

I hereby certify that this application has been reviewed & agreed to by all residents over the age of 18 years residing in the Foster Home & that all information provide is true & accurate to the best of my knowledge

**I/We the UNDERSIGNED Foster Family hereby acknowledges having read the terms of this Agreement & do hereby agree to abide by each of the rules of fostering set forth above:**

**Printed name & address of Fosterer:**

**Names of each resident over 18 years of age:**

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Primary Foster Care Provider Signature

\_\_\_\_\_  
Date