



The Dodge County Humane Society, Inc.

A 501(c) (3) not for profit organization

Tel: (920) 386-0000 • Fax: (920) 386-9770
 N6839 State Road 26
 Juneau, WI 53039
www.dodgecountyhumanesociety.org
 email: office@dchs-wi.org

Foster Home Application/Contract

Please initial each statement, acknowledging that you have read each carefully:	
	I understand the animal is the property of The Dodge County Humane Society, Inc., (hereinafter referred to as DCHS).
	I understand DCHS is responsible for all vet care for the animal while in my care. If emergency vet care is needed, I will contact the shelter for approval.
	I certify I am at least 21 years of age.
	I certify that all my current pets are spayed/neutered and have a current rabies vaccinations.
	I understand it is my responsibility to keep the foster pet separate from my pets if necessary.
	I understand that falsely provided information can mean that my application will be terminated.
	I give permission to my veterinarian to release any vet records of my current/past pets to a DCHS representative.
	I understand that any injury or illness my pets may suffer is not the responsibility of DCHS.
	I agree to provide all the animals in my care sufficient food, water and proper shelter at all times.
	I release DCHS from any liabilities I may incur from fostering.
	I will agree to return/bring the foster animal to DCHS when requested.
	I understand that DCHS will do an initial home visit and has the right to do additional home visits with proper notice.
	I UNDERSTAND THAT FOSTERING AN ANIMAL INVOLVES RISKS CONCERNING THE ANIMAL'S BEHAVIOR, INCLUDING BUT NOT LIMITED TO RISKS OF INJURY TO MYSELF, MY FAMILY MEMBERS AND THIRD PARTIES AND RISKS OF PROPERTY DAMAGE, AND I AGREE THAT BY ADOPTING THIS ANIMAL, I ASSUME THOSE RISKS
BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION	
Applicant	Date
Applicant	Date

APPLICANT INFORMATION

Full Name			
Alias Names			
Address		City/State/Zip	
Home phone		Other phone	
Email		Age*	

I prefer to foster:

Dogs
 Cats
 Other animal

Have you fostered/volunteered here before?	YES	NO
If yes, when?		
Have you fostered or volunteered at another shelter or rescue organization before?	YES	NO
If yes, when and where?		
Do you have any formal knowledge in animal welfare?	YES	NO
If yes, please explain:		
Please list any training or experience you have had that might help in your foster assignment:		

How many adults living in your household?			
How many children living in your household?		What are their ages?	
Please list other people who would have frequent contact with the dog (ie, grandchildren, neighbors, etc.)			
Please provide your veterinary clinic and telephone number:			

Have you ever been convicted of a misdemeanor or felony?	YES	NO
If yes, please provide the dates and explain:		

Please provide the name of two non-relative, personal references not living with you:	
1.	
2.	

Please list all pets/animals living in your home:

Animal/Pet	Breed/Name	Spayed /Neutered	Age	Sex	Current on vaccinations?
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Dog) (Cat) Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any allergies?	YES	NO
If yes, please explain:		
Is anyone in your household pregnant?	YES	NO
Do you have any conditions that might hinder your fostering ability or require us to provide extra assistance or supervision?	YES	NO
If yes, please explain:		
Will the foster animal have any contact with your pets?	YES	NO

Emergency Contact Information			
Name		Relationship	
Address		City/State/Zip	
Telephone		Telephone	
Name		Relationship	
Address		City/State/Zip	
Telephone		Telephone	
Doctor's Name		Contact number:	

<i>I hereby certify that all the information provided above is true and accurate to the best of my knowledge. I understand that providing false information could lead to my termination.</i>			
Signature		Date	
Signature		Date	

EXHIBIT: RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

Introduction

Independently of, and in addition to, the terms of the Adoption Contract that I am signing with The Dodge County Humane Society, Inc., (hereinafter referred to as DCHS), I understand that DCHS, as further consideration for the transfer of possession, control and title of the animal described in the Foster Application to me, requests that I agree to (1) release DCHS of liability for certain claims, (2) hold DCHS harmless on certain claims, (3) covenant not to sue DCHS on certain claims, and (4) agree to indemnify DCHS for certain claims, as described below; and

In considering these requests, I understand and acknowledge that:

- One of the core missions of DCHS is to provide care and find homes for needy and homeless domestic animals; and
- DCHS is a not-for-profit organization with limited funds, and it depends substantially on fundraising for income; and
- A lawsuit, or multiple lawsuits, could devastate DCHS and jeopardize its ability to fulfill its mission to provide care and services to needy and homeless animals, to the detriment of the community at large and to the detriment of needy and homeless animals; and
- I have the opportunity, if I so choose, to adopt an animal of like species and of like breed from other sources on such terms as I may negotiate; and
- DCHS is at least as desirous of finding a suitable home for the animals in its care as I am desirous of finding an animal suitable for a pet; and
- Once I am in possession of the animal, I (together with any other adopter(s)) will be the one(s) in a position to ensure that the animal does not harm me/us, other people, other animals, or anyone's real estate, financial interests or tangible property; and therefore,

In consideration of all of the foregoing, I hereby agree to the following:

Release of Liability

I hereby release DCHS and its successors, assigns, heirs, directors, officers, employees, representatives and agents (collectively, "DCHS") from liability for and on any and all claims and demands that I could, now and/or at any time in the future, make, assert, lodge, and/or bring against DCHS for damages, whether alleged to be based in negligence, grounded in statute(s) or based on any other legal theory, that:

- Relate in any way to the adoption process for the animal; and/or
- That arise out of conduct of or related to the animal that occurs subsequent to the date that I/we take possession of the animal, except that DCHS will not be released for liability for conduct of or related to the animal that occurs after DCHS obtains possession of the animal under terms that permit DCHS to reclaim the animal as set forth in the Adoption Contract during the time that DCHS remains in possession and control of the animal after reclaiming it.

This release specifically includes, but is not limited to, claims for damages related to and/or arising out of any and/or all of the following:

- Physical and/or emotional injuries to me and/or any members of my family;
- Physical and/or emotional injuries to any other person or animal;

- Damage to any real property/real estate;
- Damage to my financial interests and/or those of any members of my family; and/or
- Damage to any and all tangible property.

Applicant Signature	Date
Applicant Signature	Date

Hold Harmless Agreement

In addition to the foregoing, I hereby agree to hold DCHS harmless from any and all liability on any claims, or portions thereof, released in the release above.

THIS AGREEMENT WAIVES IMPORTANT LEGAL RIGHTS THAT YOU MAY HAVE. READ CAREFULLY BEFORE SIGNING.

Applicant Signature	Date
Applicant Signature	Date

Covenant Not to Sue

In addition to the foregoing, I hereby covenant not to sue DCHS on any claims, or portions thereof, described in the release above.

THIS AGREEMENT WAIVES IMPORTANT LEGAL RIGHTS THAT YOU MAY HAVE. READ CAREFULLY BEFORE SIGNING.

Applicant Signature	Date
Applicant Signature	Date

Indemnification Agreement

In addition to the foregoing, I hereby agree to indemnify DCHS for (to pay on DCHS' behalf) any damages it may sustain and/or be found to owe and any and all attorneys' fees, litigation expenses and court costs that it may incur as a result of or related to (1) any claims made against it by other people or business organizations that arise wholly out of my conduct, whether that conduct is grounded in negligence, intentional tort, and/or other bases of liability, and (2) the portion of any claims brought against DCHS that arise out of and/or relate to my conduct, whether that conduct is grounded in negligence, intentional tort, and/or other bases of liability.

THIS AGREEMENT WAIVES IMPORTANT LEGAL RIGHTS THAT YOU MAY HAVE. READ CAREFULLY BEFORE SIGNING.

Applicant Signature	Date
Applicant Signature	Date

Incorporation Into Agreement

I hereby agree and understand to the terms of the agreements signed by me above, and I agree that this agreement, and all agreements contained herein, shall be deemed incorporated into the Foster Application by reference in their entirety, and I agree and acknowledge that the terms of these agreements shall not under any circumstances be construed as voiding or superseding the Foster Application, the terms, conditions and promises in which shall independently remain in full force and effect.

Applicant Signature	Date
Applicant Signature	Date