Brookings Regional Humane Society
120 West 2nd Street South, Brookings, SD. 57006
(605)697-7387
brookingsregionalhumanesociety@hotmail.com
www.brookingshumane.org

FOSTER HOME APPLICATION

Name: _____ Primary Phone:_____

Alternate/Cell Phone: _____ Email: _____

What is the best way to contact you?_____

Would you like to be added to our Facebook "BRHS Staff & Fosters" group? YES NO

Address: _____

City: _____ State: _____ Zip: _____

Check one: ☐ Own ☐ Rent: Landlord's name and phone: _____

Employer: _____ Are you over 18? _____

Animals you are willing to foster: ☐ Dog ☐ Puppies ☐ Bottle Kittens

This animal will live: ☐ Indoor ☐ Outdoor ☐ Both (explain): _____

If an indoor, where will it stay when you're not home? _____

If an outside, how will it be confined? _____

If an outside, what kind of shelter will you provide? _____

Will someone be home to house train, if necessary?_____ Do you know how to do this? _____

How many hours each day will your foster animal be alone? _____

What other animals are currently in your home? _____

_____

_____

Are your animals spayed/neutered? _____

As a condition to acceptance of this Application, the Applicant understands and acknowledges that all risk and liability from such foster home care **shall be the sole responsibility of the Applicant**, and the Applicant hereby fully and completely releases the Brookings Regional Humane Society, Inc., its officers, directors, agents, volunteers and employees from any and all liability for any injury or damages to persons, property, or other pets which may be caused by any animal being cared for under this Foster Care Agreement.

Furthermore, the Applicant agrees to assist the BRHS in finding a permanent home for the foster animal(s) by bringing them to all adoptions days and pre-arranged appointments. The Applicant understands that all foster animals belong to the BRHS and must be surrendered upon request.

Applicant's Signature: _____ Date: _____

Approved by: _____ Date: _____

Release, Waiver and Assumption of Risk:

I hereby agree that if I am accepted as a foster home for the Brookings Regional Humane Society Inc., ("BRHS") I agree to comply with all of the foster home policies and procedures which may be established from time to time by BRHS. I understand that failure to comply with the foster home policies and procedures of BRHS may result in the immediate termination of my foster home assignments and privileges.

I understand and agree that if accepted as a foster home, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of BRHS nor otherwise derive any benefits normally available to employees of BRHS, and that BRHS shall incur no liability of any nature as a result of my being a foster home for BRHS.

I understand that public relations are an important part of fostering with BRHS. On behalf of myself, my heirs and personal representatives, I give BRHS permission to use and publish photographs taken of me as a foster home for use in its public relations efforts.

In signing this waiver, I acknowledge that I understand its intent, and I, for myself and my family or participating group, do hereby agree and will absolve and hold harmless The Brookings Regional Humane Society, Inc. from and against any blame and liability for any injury, harm, loss, inconvenience or any damage of any kind whatsoever, which may result from or be connected in any way to my participation in any and all events.

I hereby agree to follow all of the guidelines and regulations required for these events, to prevent injuries, damages or mishaps involving any other foster home, animal or Brookings Regional Humane Society representative participating in the event.

I certify that I have read this waiver and understood its significance.
If under 18 parent or guardian must sign*.

Printed name: _____

Signature: _____

Age if under 18: _____

***Printed Name of Parent or Guardian:**_____

***Signature of Parent or Guardian:** _____

***Phone Number of Parent or Guardian:** _____