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HSDCNC.ORG

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## FOSTERS AGREEMENT

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Why do you want to foster an animal?

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How long would you be able to foster an animal (e.g., two days, a week, a month, indefinitely)?

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Where will you keep your foster pet: During Day \_\_\_\_\_ At Night \_\_\_\_\_

Do you want to foster: Dog  Cat

Which would you prefer:  Orphaned newborns (requires around the clock care/supervision)

Mother with newborns

Young/Newborn (less than one year)

Adult (1+yr)

Special Needs/or ill animal needing medication/wound care, etc.

Dog size preference: Large  Small  doesn't matter

No preference



Would you be able to serve as an emergency foster as a provider for short periods of time? Yes  No

Would you be able to foster more than one animal at one time? Yes  No

If Yes, how many? \_\_\_\_\_

You understand how to crate, housebreak, and teaching basic commands with dogs? Yes  No

You understand the importance of social development of the fostered animal? Yes  No

Once I am approved by the Humane Society of Davidson County, I agree to the following standards:

**IMPORTANT.... answer and/or initial**

I agree to transport the animal(s) to adoption days and/or the vet for emergency care? Yes  No  \_\_\_\_\_

I agree to bring animals to Thrifty Paws on Select Saturdays from 10 am to 2pm? Yes  No  \_\_\_\_\_

I agree to accompany fostered animal(s) while at Thrift Paws from 10 am to 2pm? Yes  No  \_\_\_\_\_

I agree to take/transport to Vets for Routine Vet Care & Spay/Neuter Appointment? Yes  No  \_\_\_\_\_

I agree to keep the foster animals separated from you own animals for at least two weeks to ensure nothing could be transmitted to other animals prior to veterinary visit and/or treatments? Yes  No  \_\_\_\_\_

I agree that the animal(s) shall remain the sole property of the Humane Society of Davidson County (HSDC). By accepting a foster with HSDC, I agree to comply with the Animal Welfare Act- Subchapter 52J and commit to the following guidelines: maintaining a clean living environment with proper sanitation controls, monitoring the animal's well-being daily for any medical or behavioral issues, adhering to HSDC's feeding protocol, ensuring access to clean fresh water at all times, collaborating with HSDC for any veterinary requirements. \_\_\_\_\_

I agree that foster dogs must be kept inside the home at night unless prior arrangements are approved by HSDC. When brought outside, the dog(s) must be either in a fenced yard/area or on an attended leash. Dog(s) must wear collars with a tag always attached. If requested by HSDC staff, the foster will also use harnesses on dog(s) for transport and/or walks. Cat(s) must be kept inside the home unless prior arrangements are approved by HSDC staff. The animal(s) shall be returned upon request by HSDC, or if the foster is unable/unwilling to take further care of the animal(s). \_\_\_\_\_

I agree to immediately contact HSDC if unable to care for the animal(s) and to continue care for the animal(s) until HSDC staff can make appropriate arrangements. The foster will contact HSDC staff immediately if they have concerns about an animal's health and will follow HSDC staff directions as to the provision of medical care. \_\_\_\_\_

I agree and understand that HSDC is not liable for any bodily injury or property damage/losses whatsoever to the foster or others, or to another animal/pet, caused by the foster animal(s). \_\_\_\_\_

I agree not to entrust the care of the animal(s) to others or relocate the animal(s) unless approved by HSDC. If there are plans to travel while fostering, the foster will either arrange for care for the pet in a HSDC approved manner or will give HSDC staff a minimum of a two weeks' notice of travel plans so arrangements can be made. The foster will return any loaned items to HSDC when he/she is no longer fostering. \_\_\_\_\_



Once an application is submitted, staff strive to review it and follow up with the applicant within 3 business days.

I have read and fully understand the foster application. The information I have provided on this application is true and accurate.

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Signature

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Date

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HSDC Witness Signature

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Date

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HSDC Witness Name



**Welcome to Our Foster Family**  
**“Making a Difference, One Animal at a Time”**