



Address: (For Correspondence Only)
Help Save Pets
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HSP Temporary Care Provider Application

(please print clearly)

Name: _____ Address: _____ City/Zip _____

Email: _____ Day #: _____ Evening #: _____

DL#: _____ Employer: _____ Work #: _____

(It is required that you supply a photocopy of your Driver's License or other valid form of ID for address verification)

Number of adults in household? _____ Number of children in household? _____ Ages of children? _____

Are you licensed by the State of Illinois as a Foster for animals? **YES NO** If YES, License # _____

Do you have medical insurance? **YES NO** Do you have homeowner's / Renter's insurance? **YES NO**

Have you and your family members had a Tetanus shot within the last 10 years? **YES NO** If not, we strongly recommend being vaccinated against tetanus prior to working in any capacity around animals.

Indicate what you wish to provide temporary care for: **KITTENS CATS PUPPIES DOGS**

Do you have a yard? **YES NO** Is it fenced? **YES NO** How high is fence? _____ Any size restrictions? **YES NO**

Do you own a crate? **YES NO** (If YES, indicate the size) **Small Medium Large Other**

Hours per day animal will be left alone: _____ Where will the animal stay? _____

List your current pet(s): _____ Name of veterinarian: _____ Phone: _____

Species Breed Age Sex Altered (Yes No) Current on Vaccines/Tests? (Yes No) Date Given

If you do not currently own a pet, what is your prior experience with animals? _____

Are you prepared for behavioral problems? **YES NO** How will you correct the animal? _____

Initial the following statements as having been read and understood:

_____ I understand tht the forster animal(s) in my care are the sole property of HSP and I will return the animal(s) at the request of HSP in a prompt and timely manner and will follow the directions of HSP with respect to their care.

_____ HSP recommends for the safety of your own pets that they are current on Rabies, Distemper and Bordatella Vaccines, and that they have a current Fecal Test and Heartworm or Feline Leukemia Test (if applicable). To provide temporary care for HSP kittens or puppies, HSP requires that your pets are current.

_____ HSP requires that cats are kept indoors at all times, and dogs are outdoors under supervision and confined or on a leash. Dogs must be kept indoors at night or when you are not at home.

_____ If medical attention is needed for the animal, you are required to contact the Temporary Care Coordinator and transport the animal to the veterinary clinic from which the animal came. HSP will then cover the costs incurred. Any medical treatment and costs incurred at any other unauthorized facility will not be covered by HSP, including, but not limited to emergency care, without prior authorization from the Coordinator.

WAIVER OF LIABILITY: In providing temporary care for homeless animals, I understand that there is always a risk of injury to myself or my property. I recognize that the Humane Society of Plainfield cannot and does not guarantee that the animals I am working with are not aggressive or destructive in all situations. In signing this waiver, I am accepting this risk and will take full responsibility for any medical or financial costs for damages incurred during the time I provide temporary care. I release the Humane Society of Plainfield and any other person or organization affiliated with it from all liability and damages from my voluntary action of providing temporary care for a homeless animal.

Applicant's Signature: _____ Date: _____