**Doggy Day Sleep and Away**

**Doggy Day Sleep and Away is a program where Volunteers or Fosters are allowed to take a dog from the shelter to go out for a day with the volunteer/foster or up to 3 days (weekend) to have a Doggy Sleep and Away. This allows the animal to decompress and go on a mini vacation out of the shelter. Dogs and cats who have been in the shelter for a long time get stressed in the shelter and anytime out lessens their stress in the shelter.**

**Please remember if you have other animals in your household your animals have to have to be current on vaccinations and show proof before you can start a Doggy Day Sleep and Away.**

**Please fill out the bottom paperwork to start your Doggy Day Sleep and Away!**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster/Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal A# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date coming back: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:

\*Do you Own or Rent your residence?\* \_\_\_\_\_\_\_\_\_\_\_\_\_ **\*(If you rent please confirm with your landlord that he/she allows animals.**

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License State:\_\_\_\_\_\_\_\_\_\_\_\_\_Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all persons in your household with ages.

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

Current pets in your household (number, age, type)

Cats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your animals current on vaccination(s)? Provide dates and Vet Practice used below (Rabies, Bordetella, and Parvo Distemper, Feline Leukemia, FIV, Other)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Vet:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Vet:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Vet:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Vet:

The information given on this form is true and correct, to the best of my knowledge.

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

Signature of Applicant Date

Thank you for taking the time make a difference in a animals life and taking one of our dogs out for Doggy Day Sleep and Away at the Horry County Animal Care Center. Animals considered eligible are animals that need additional time out of the shelter to decompress and have a vacation! While these animals are out please take pictures and so that we can improve our knowledge on what the animal likes and help the animal get adopted out to a forever home!

Participating in the Doggy Day Sleep and Away program is completely voluntary and an opportunity to work with animals under the care and responsibility of the ACC under the following guidelines:

\_\_\_\_\_The Foster will be receiving a manageable number of animals to care for at home.

\_\_\_\_\_Understands that they will need to supply clean housing, food, water, provide social and physical activities/interactions, etc for the animal(s) while it is in their care.

\_\_\_\_\_Understands that I am to monitor the animal(s) and provide proper care & socialization to increase their possibility for adoption. **Note: puppies and dogs are not allowed off-leash or taken to dog parks.**

\_\_\_\_\_ I understand that the animal will not be taken to a place where pets are not allowed.

\_\_\_\_\_ I agree that the animal will not be left unsupervised with other pets or children.

\_\_\_\_\_ I understand and agree that the fostered animal(s) are the exclusive property of HCACC. This Foster Care Application transfers no ownership rights.

\_\_\_\_\_ I will vaccinate my own animals against the following diseases before fostering:

* Canines: immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4-in-1 booster); Bordetella (kennel cough); and Rabies, and are free of parasites
* Felines: immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3-in-1 booster), Feline Leukemia and Rabies, and are free of parasites

 \_\_\_\_\_ I understand **no reimbursement** by HCACC will be given to me regarding any expenditure which I incur for the care and treatment of the foster animal(s).

\_\_\_\_\_ I understand if a fostered animal under my care or my own animal falls ill or dies from a contagious disease, I will not be considered for fostering other animals of the same species for a period of time specified by HCACC Foster Care Provider will be responsible for appropriately sanitizing all infected areas. If a Foster Care Provider’s home is exposed to either Parvovirus or Feline Panleukopenia (feline leukemia), (s) he will not be allowed to foster the species of animal affected by the disease for six months.

\_\_\_\_\_ I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow HCACC to use any photographs taken of me for use of public relations efforts. HCACC will use reasonable efforts to notify me but such notification is not a condition of its release for public relations purposes.

\_\_\_\_\_ I recognize that there exists a risk of injury or disease, including physical harm to myself or others, caused by a foster animal.

\_\_\_\_\_ I understand that animals can be unpredictable and HCACC and Horry County Animal Control cannot anticipate or ensure against unexpected conduct of fostered animals. I acknowledge that HCACC has not made through its agents, volunteers, or employees, any warranties regarding the future condition, temperament, or conduct of the animals. I hereby accept the animals as they are, assume all risks and responsibilities associated with caring for the animals, including bites.

\_\_\_\_Has permission from their landlord/HOA to have the animal(s) on their property, if applicable.

\_\_\_\_Has reliable transportation to transport the animal from the Animal Care Center and back to the Animal Care Center on the return date.

\_\_\_\_ If there are any medical concerns during business hours, Foster should contact Animal Care Center immediately and request to speak with a shelter technician or the medical supervisor. If this is an after-hours emergency, foster will contact (843) 915-5173.

\_\_\_\_If there are any behavioral concerns or housing issues, contact the Animal Care Center immediately. If this is after hours, foster will contact (843) 915-5173.

\_\_\_\_The animal(s) will remain under the care & control of Horry County and will return to the shelter when the Doggy Day Out approved out time is over.

\_\_\_\_All equipment and unused supplies will be returned at the completion of the foster. This includes dog beds, crates, bowls, harness’s, leashes, collars, ect.

\_\_\_\_Failure to return the animal to the Animal Care Center at the designated time will result in the revocation of foster privileges thru the Animal Care Center and an Animal Control Officer will be sent to the resident to pick up the animal(s).

By signing this contract, you understand that this animal is the property of the Animal Care Center and that you will abide by the guidelines and instructions set forth within this document.

Foster Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initial:\_\_\_\_\_\_\_\_

**HCACC Foster Pet Survey** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for opening your home to these foster animals! Please let us know some details about your fosters:

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Animal A# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you noticed any medical concerns?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diarrhea / other stool concerns

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiratory/eye symptoms (sneezing, coughing, discharge)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (decreased appetite, weight loss, lethargy, limping, etc

Has your foster pet lived with children? \_\_\_\_\_\_\_\_ ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your foster pet lived with dogs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cats? \_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a short bio about your foster animal that can be shared with potential adopters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share any additional feedback about your experience so we can improve and streamline the foster program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_