



Foster Application

Personal Information

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Alternate Phone: _____ Email: _____

What type of foster do you prefer? Dog Cat Either Dog or Cat

Are you comfortable giving medications and/or shots? Yes No

Household Information

I share my home with: Adults Children (Ages of children: _____)

Cats Dogs Other: _____

All pets in my home are spay/neutered: Yes No

Does anyone in your home have allergies to cats or dogs? Yes No

I own my home: Yes No If no, I am allowed to have pets. Please provide landlord nm/phone

_____.

History

I have owned animals in the past that I no longer have: Yes No

If yes, please describe why you no longer have the animal. If the animal is deceased, please describe how the animal died. _____

Animal Care Information

I have a fenced in yard: Yes No If yes, my fence is _____ feet high.

What are the primary working hours of the adults in the home? _____

Where will the foster be kept when alone? _____ Where will the foster sleep? _____

How will the foster get exercise? _____

How would you handle adjustment/training problems such as:

Jumping on furniture: _____ Jumping on people: _____

Barking: _____ Chewing: _____ Potty issues: _____

References

Provide the name of a reference not related to you who can provide information about your ability to care for a cat or dog.

Name: _____ Phone: _____ Relationship: _____

Please be sure that the contact information you provide for your reference is correct. A member of the Adoption Committee will check all references.

Provide the contact name of a veterinarian you have used in the past: _____

Please indicate the length of time you are willing to foster an animal: _____

Please note that should you decide to adopt your foster animal, you will go through the standard HCHS adoption process.

To the extent possible, I agree to bring any and all fostered animals for vet appointments, adoption events, or photo sessions.

I certify that the information I have given is true.

Signature: _____ Date: _____

HCHS Signature: _____ Date: _____