



Foster Application

Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone Numbers: (Home) _____ (Cell) _____
Email: _____

Co-Applicant: _____
Co-Applicant Phone: _____

Best way/time to contact you: _____

Primary Owner's Occupation: _____
Place of Employment: _____
Length of Employment: _____

Emergency Contact (Emergency contact needs to be someone NOT living in home. This person will be listed as an Alternate Contact when the microchip is registered)

Name: _____
Address: _____ City: _____ State: _____
Zip code: _____
Phone: _____ (Cell) _____
Email: _____

How many people(s) are living in your current household? _____

- ❖ Do you have any children? Yes ___ No ___ If so, what age? _____
- ❖ Please list and name any household member including spouse, children, roommates or others living in your current household:

- ❖ Are all household members in agreement in fostering an animal: Yes ___ No ___
- ❖ Does any household members have pet-related allergies or asthma?
 - Yes ___ (if yes, explain) _____ No ___

❖ Please indicate the type of home you live in: House ____ Mobile Home ____ Apartment ____
Condo ____ Live with Parents ____ Other: ____ If other, please explain: _____

❖ Do you own _____ or rent _____?

- Mobile Homes or trailers can be considered as renting depending on the associated mobile home/trailer park. Please provide the associated information below, if applicable.

If you rent:

- ❖ How long have you lived at this property? _____
- ❖ Are there any Breed Restrictions at this property? _____
- ❖ Do you have plans to relocate in the near future? Yes ___ No ___
- Name of Landlord or Rental agency: _____
- Landlord or rental agency's phone number: _____
- Name of apartment complex or mobile home park, if applicable: _____

Verification required by landlord: Date received: _____ HSL Staff Initials: _____

Animal Information

What kind of animal(s) are you interested in fostering?: Cat ____ Dog ____

How many animal(s) would you be willing to foster at one time? _____

❖ If interested in fostering cats, please check all that apply:

Short-term foster when shelter is over capacity ____ Long-term foster until the cat is adopted ____
Injured Cat ____ Pregnant/nursing cat ____ Cat with minor contagious medical condition ____
Orphaned/bottle-fed kittens until old enough for adoption ____ Willing to foster a cat belonging to
someone ill or temporarily can't have/take care of cat ____

❖ If interested in fostering dogs, please check all the apply:

Short-term foster when shelter is over capacity ____ Long-term foster until the dog is adopted ____
Injured Dog ____ Pregnant/nursing dog ____ Dog with minor contagious medical condition ____
Orphaned/bottle-fed puppies until old enough for adoption ____ Small dog only (under 25 lbs) ____
Dog/puppy with behavioral concerns ____ Dog/puppy that is NOT housebroken ____
Willing to foster a dog belonging to someone ill or temporarily can't have/take care of dog ____

- ❖ **Have you ever adopted or fostered an animal from HSL? Yes ___ No ___**
 - **If yes, when? _____**

- ❖ **Have you ever adopted or fostered a pet from another shelter/rescue? Yes ___ No ___**
 - **If yes, when? _____**
 - **If yes to either of the two previous questions, please indicate whether you still have this animal(s) in your care. If you no longer have the animal(s), please explain why:**

- ❖ **Have you ever surrendered or given a pet away to a shelter/rescue organization? Yes ___ No ___**
If yes, why? _____

- ❖ **Have you ever surrendered or given away a pet to an outside organization or person(s)? Yes ___ No ___**
If yes, why? _____

- ❖ **Who will be responsible for the care of the foster pet(s)? _____**

- ❖ **During the day, where will this dog be kept? (Mark all that apply) Indoors ___ Outdoors ___**
Crate ___ Garage ___ Kennel ___ Other ___ , If outdoors or other, describe shelter provided:

- ❖ **During the night, where will this dog be kept? (Mark all that apply) Indoors ___ Outdoors ___**
Crate ___ Garage ___ Kennel ___ Other ___ , If outdoors or other, describe shelter provided:

- ❖ **Do you have a yard? Yes ___ No ___**
 - **If so, is it fenced? Yes ___ No ___ ; If Yes, type and height of fence:**

- ❖ **When outdoors, how will your dog be confined to your property? In a crate/kennel ___**
Roam Free ___ In a fenced yard ___ On a chain ___ In the garage ___ Other ___ ,
If other, Please explain:

- ❖ List any pets you have owned or fostered in the last 5 years, including roommates or relatives' pets currently residing in your home?

<u>NAME</u>	<u>BREED</u>	<u>AGE</u>	<u>CURRENT ON VACCINES</u>	<u>SPAY/NEUTERED</u>

Name of Veterinarian (if known/verification required) _____

Animal Hospital/Clinic _____

Address: _____

Phone: _____

Whose name(s) are the pet(s) records under at the vets? _____

Are you prepared to provide for the animal's continued health care, including a proper diet, scheduled shelter appointments, scheduled veterinary appointments, and other treatments? Yes ___ No ___

How will you separate/isolate the foster animal from any current pet(s), in case of behavioral or medical concerns?

- ❖ How many hours will this animal spend without human companionship each day?

- What is your preferred energy level in a fostered animal? Low ___ Medium ___ High ___
- Please describe the activities or exercise you will provide for the fostered animal (e.g. obedience training, play time, short walks, etc.):

- ❖ Would you be willing to take a fostered dog to obedience training or other methods of training classes? Yes ___ No ___

❖ **If a behavioral concern should occur/ is present in an animal, please explain how you will handle any behavioral problems:**

❖ **What behaviors would be unacceptable to you?** _____

Personal References: Please provide at least two references who:

- a. **Know you well**
- b. **Do NOT live with you**
- c. **Did NOT accompany you to the shelter**
- d. **Are not directly related to you**

Reference 1:

Full Name : _____

Relationship: _____

Phone Number with area code: _____

Email: _____

Reference 2:

Full Name : _____

Relationship: _____

Phone Number with area code: _____

Email: _____

Additional Questions, Restrictions, or Comments:

The Humane Society of the Lakes Foster Expectations (please read carefully, initial each box, and initial each section to indicate agreement):

____ Only designated HSL staff shall approve and place rescued animals into foster homes. The Animal Coordinator must be notified as soon as possible of any changes in the status of the animal in your care and/or the foster home environment you have indicated above.

____ The Animal Coordinator or assigned staff will be contacting the Foster weekly for updates, concerns, or information on the wellbeing of the animal, to update the foster on any necessary information, and to answer general questions. The Foster is expected perform these weekly updates in a timely manner and understand that misinformation of the review can lead to losing foster privileges.

____ All basic medical expenses will be covered by HSL and all animals examined. Authorized HSL staff must approve any unusual expenses. Basics include, but are not limited to: Spay/neuter, age-appropriate vaccinations, heartworm test, microchip, and prescribed medications.

____ All basic supply expenses will be provided by HSL. Basic supplies include: Dog- crate, collar, leash, dog food, and some toys. Cat – crate, cat food, litter, litter box, and toys. Because each home is set up differently, exercise pens, confinement systems and scratching posts are available to fosters if supplies are available.

All supplies must be returned when the foster animal is returned for adoption.

____ Foster animals are to be kept clean and sanitary for their health and wellbeing. Supplies with which they are housed and/or contained in, such as crates, blankets, and beds should also be kept clean and sanitary for the same reason.

____ Fosters are expected give the HSL animal safe and adequate housing and care. An HSL foster dog must wear his/her ID Tag at all times, if applicable, (except underage puppies who do not go home with collars) and must be on a leash or in a secure pet carrier when outside of its foster home or its enclosed yard. Dogs should not be left alone outside unsupervised. During transport, the rescued animal must ride inside the car. An HSL foster cat must live indoors only. The foster is required to notify HSL staff immediately if the animal in your care is injured or missing.

____ Fosters are expected to follow medical and/or behavioral plans set forth by HSL staff. Fosters are expected to report any medical or behavioral concerns with 24 hours to HSL staff. Fosters are expected to use HSL approved training methods. Please feel free to ask for help if you encounter challenges.

____ Fosters are expected to exhibit professional conduct, timeliness, and communication with HSL staff and representatives. Fosters are expected to arrive for appointments on time, as scheduled. If unable to attend a scheduled appointment, Fosters are expected to notify HSL staff as soon as possible within 24 hours of the appointment.

____ Fosters are expected to care for the foster animal for the time agreed upon with the Animal Coordinator. If an emergency arises, please contact the Animal Coordinator or Shelter Manager to schedule a return to HSL.

____ Legal ownership of all HSL animals remains with HS until such time as proper adoption is completed. Only authorized representatives of HSL will conduct adoption interviews and process adoptions, transfers, or relinquishments. Fosters are expected to comply with the adoption process if wanting to adopt. If a foster home decides to adopt the animal, the regular adoption fee applies.

Printed Name: _____ Date: _____

Signature: _____

HSL Signature: _____