



Foster Application

Name: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Phone Numbers: (Home) _____ (Cell) _____

Email: _____

Best way/time to contact you: _____

Primary's Occupation & Length of Employment: _____

Co-Applicant Name (if applicable): _____

Co-Applicant Phone: _____ Relation to Co-Applicant: _____

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

- Do you have any children? Yes _____ No _____ If so, what age(s)? _____
- 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 ___

• Do any household members have pet-related allergies or asthma? Yes ___ No ___

○ Yes ___ (if yes, explain) _____

Please indicate the type of home you live in: House _____ Mobile Home _____ Apartment/Condo _____

Townhome _____ Other: _____ If other, 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: _____

Verification required by landlord (letter of approval on letterhead or emailed approval from liable source):

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 ____ Cat/Kitten that is NOT litterbox trained ____

Willing to foster a cat needing around the clock care ____

● **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 needing around the clock care ____

● **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, or an individual? Yes ____ No ____**

○ **If yes, why?** _____

● **Where will this dog be kept? (Mark all that apply) Indoors ____ Outdoors ____ In/Out Mix ____**

○ **Crate ____ Garage ____ Kennel ____ Other (describe) _____**

○ **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: _____**

● **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 ____**

● **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: _____**

- If you plan to leave town for vacation, or have an out of town emergency, will you need to bring your fosters back to the shelter? Yes ___ No ___ If no, who will care for your foster pets? _____
- Are you prepared to provide for the animal's continued health care, including a proper diet, scheduled shelter appointments, veterinary appointments, and other treatments? Yes ___ No ___
- 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 foster dog to obedience or training classes? Yes ___ No ___
- What behaviors would be unacceptable to you? _____
- List any pets you have owned or fostered in the last 5 years, including roommates or relatives' pets currently residing in your home below:

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

Current Pets Animal Hospital/Clinic: _____
 Location: _____ Phone: _____

- How will you separate/isolate the foster animal from any current pet(s), in case of behavioral or medical concerns? (it is a requirement of all fosters to have the ability to separate foster pets and family pets in case of emergency or as an individual need of the foster pet - no exception)
- If a behavioral concern should occur/ is present in an animal, please explain how you will handle any behavioral problems:

Personal Reference (required)

Full Name: _____ Relationship: _____
 Phone Number: _____ Email: _____

Additional Questions, Restrictions, or Comments: _____

The Humane Society of the Lakes Foster Expectations

(please read carefully and initial each section to indicate understanding of each statement)

____ 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 to 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 to 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 within 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 Staff:** _____