



Date: _____

Foster Care Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E- Mail Address: _____

What is the best way and time to reach you? _____

Type(s) of animal(s) you are interested in fostering (circle all that apply):

- Puppies
- Mom and puppies
- Kittens
- Mom and kittens
- Adult cats
- Sick cats
- Adult dogs
- Sick dogs
- Dogs with behavioral issues
- Animals recovering from surgery
- Ferrets
- Rabbits
- Reptiles
- Birds
- Other _____
- Pet Safe* animals

** Animals in our Pet Safe program belong to someone in a crisis situation that needs a temporary home for their animal(s). They can be any type of animal and any age.*

1. Have you ever fostered animals before? yes no If yes, please describe: _____

2. Please describe any formal or informal training you have had with working with animals:

3. Do you have experience training and/or working with dogs or other animals with behavioral issues? yes no If yes, please describe:

6. Have you ever cared for puppies or kittens before? yes no If yes, please describe:

7. Have you ever given medication to sick animals before? yes no If yes, please describe:

8. How many animals can you foster at one time? _____

9. Are there any specific times of the year when you would **not** want to foster? yes no

If yes, when would you NOT want to foster? _____

10. Do you live in a: house apartment condo other _____
11. Do you rent or own? _____ If you rent, provide your landlord's information including name, phone #, address:

12. How long have you live at this location? _____ (If less than 5 months, please list your previous address and how long you lived at that location

13. Do you have a fenced in yard? yes no If so, how big is the area? _____

14. Please list the names and ages of people in your household.

15. What best describes your household activity level: Quiet Active Very Active
16. Do any members of your family have pet or animal allergies? yes no If yes, to what?

17. Please list all pets currently living in your household: (Attach additional paper if needed.)

Type	Sex	Age	Spayed/Neutered?	Kept in or out?	Current on vaccines?	Temperament of pet, good with new animals?

Please list the name, address and phone # of your veterinarian _____

18. Will you be able to keep your foster animal(s) separate from your own, if necessary? yes no
19. Where do you plan to keep your foster animal(s) during the day, when you are not home, and at night? _____

20. How many hours per day will your foster animals be left alone? _____
21. What will you do if your foster animal becomes lost? _____

22. Would you be willing to speak with potential adopters and assist in the placement of your foster animal(s) in permanent homes? yes no
23. Are you able to transport your foster animal(s) to and from the HSEC and adoption events, as necessary?
yes no
24. Would you be able to take the animal to a vet if necessary?
25. Do you feel emotionally prepared to "let go" of your foster animal(s), regardless of the outcome? yes no
26. Are you aware that animals are sometimes euthanized at the HSEC? How do you feel about euthanasia? _____

27. Can you accept the fact that some animals, including foster animals, will not survive or may have to be euthanized and that this decision is up to the HSEC staff? yes no

I, _____, have read the qualifications and procedures related to the Humane Society of Elkhart County's foster program and hereby give permission for the Humane Society to contact my veterinarian and permission for my veterinarian to verify current information regarding my current pets' vaccination records and current care. Additionally, I understand that a site inspection of my home with all family members and/or individuals living at this location being present is required before being approved as a foster location.

Thank you for your interest in fostering with the Humane Society!

HSEC: Rev. 7-27-13
