



Foster Care Application/Profile  
**To be approved by a HSC rep. ONLY**  
 Date: \_\_\_\_\_

**Personal Data** (please print clearly)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**I Am Willing To Foster** (check all that apply)

- |   |  |
|---|--|
| <input type="radio"/> Orphaned puppies                        | <input type="radio"/> Orphaned kittens                     |
| <input type="radio"/> Nursing mother & puppies                | <input type="radio"/> Nursing mother & kittens             |
| <input type="radio"/> Shy & sensitive dog (not aggressive)    | <input type="radio"/> Shy & sensitive cat (not aggressive) |
| <input type="radio"/> Dog recovering from injury/trauma       | <input type="radio"/> Cat recovering from injury/trauma    |
| <input type="radio"/> Dog receiving treatment/therapy         | <input type="radio"/> Cat receiving treatment/therapy      |
| <input type="radio"/> Dog awaiting placement in rescue        | <input type="radio"/> Cat awaiting placement in rescue     |
| <input type="radio"/> Adult dog needing behavior modification |  |

**Household Information**

Living Accommodations     Own Home     Rent  Other  
 Do you have home owners insurance?     Yes     No  
 List your policy agency \_\_\_\_\_

If renting, list landlord's name & contact number \_\_\_\_\_

- Do you have a fenced-in yard?     Yes     No  
 Do your neighbors have companion pets?     Yes     No  
 Do your neighbors have live stock?     Yes     No  
 Do your neighbors have children?     Yes     No  
 Do you have a good relationship with your neighbors?     Yes     No  
 Are your windows screened?     Yes     No  
 How many adults live in your home? \_\_\_\_\_  
 How many children live in (or visit regularly) your home? \_\_\_\_\_  
 Do you have pets of your own at this time?     Yes     No

Please List the pets you currently own

| Species | Breed | Sex | Age | Vaccine Rabies | Altered | Where are your pets kept? |
|---------|-------|-----|-----|----------------|---------|---------------------------|
|         |       |     |     |                |         |                           |
|         |       |     |     |                |         |                           |
|         |       |     |     |                |         |                           |

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|         |       |     |     |                |         |                           |
|         |       |     |     |                |         |                           |
|         |       |     |     |                |         |                           |

Veterinarian's name & number \_\_\_\_\_

**Animal Care Information**

What experience have you had in caring for sick or orphaned animals? \_\_\_\_\_

\_\_\_\_\_

Where do you plan to keep the foster(s)? \_\_\_\_\_

\_\_\_\_\_

How many hours per day will the animal be without adult care? \_\_\_\_\_

Are you able to transport the foster animal(s) to HSC's veterinary Care, if necessary?

Yes  No

Are you able to participate in **Weekend Adoptions Events** with your foster animal(s)?

Yes  No

Fostering infant animals or animals recovering from injury requires a time commitment of 1-8 week or more. How many consecutive weeks are you prepared to care for fosters?

2-4 weeks  4-6 weeks  6-8 weeks  8-10 weeks

Where did you hear about HSC's foster program? \_\_\_\_\_

Foster Application Signature \_\_\_\_\_

HSC Staff Signature \_\_\_\_\_

**For Staff Use ONLY**

**Home check completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Landlord Permission (if applicable)**

**Notes:**