



# Pope Memorial Humane Society FOSTER CARE APPLICATION 2020

*Thank you for your interest in becoming a foster parent. Please complete the following application in order for us to make the most informed decisions about the animal(s) that may be placed in your care. This information will help us to ensure a positive experience for both you and your foster animal(s).*

In order to be considered to become a foster care parent, applicants must:

- Be 21 years of age or older.
- Have the consent of all adults living in the household
- Have landlord consent to have the animal(s) on the property (if applicable)
- Have any cats, dogs, and/or ferrets in the home up to date on a rabies vaccine
- Have any cats/dogs in the home spayed/neutered
- Agree to a home visit by a PMHS agent if applicable

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  Call  Text  Email

---

## HOUSEHOLD INFORMATION

**Residence Type**  House  Condo  Apartment  Other: \_\_\_\_\_

Do you own or rent the property?  Rent  Own  Live with Homeowner

Landlord/Homeowner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe your property/yard: \_\_\_\_\_

---

---

---

Where will your foster (s) be kept when you are home? \_\_\_\_\_

Where will your foster(s) be kept when you are not home? \_\_\_\_\_

Where will your foster(s) be kept at night? \_\_\_\_\_

How many hours per day will your foster(s) be alone? \_\_\_\_\_

Do you have a separate room available for your foster(s)?  Yes  No

What is the average noise level at your home?  Low  Medium  High

Are there any children in your household on a regular basis?  Yes  No

List of all people living in the house and/or who would have regular contact with any foster animals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Do any members of the household have relevant allergies?  Yes  No

If yes, explain: \_\_\_\_\_

---

## ANIMAL PREFERENCES

What type of animal(s) are you interested in fostering? *Please check all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Pregnant cat / birth kittens in home | <input type="checkbox"/> Pregnant dog / birth puppies in home |
| <input type="checkbox"/> Mother cat with litter of kittens    | <input type="checkbox"/> Mother dog with litter of puppies    |
| <input type="checkbox"/> Sick /injured/recuperating cat       | <input type="checkbox"/> Sick/ injured/recuperating dog       |
| <input type="checkbox"/> Cat with socialization needs         | <input type="checkbox"/> Dog with behavior/training needs     |
| <input type="checkbox"/> Hospice cat                          | <input type="checkbox"/> Hospice dog                          |
| <input type="checkbox"/> Rabbits or other small animals       |   |

Do you have any restrictions on the type of animals you can foster (size, breed, etc.)?

Yes  No If yes, explain: \_\_\_\_\_

# FOSTER EXPERIENCE

Have you ever fostered animals before?  Yes  No

If yes, please list your foster experience:

Type: \_\_\_\_\_ Reason For Foster: \_\_\_\_\_ Which Shelter? \_\_\_\_\_

Type: \_\_\_\_\_ Reason For Foster: \_\_\_\_\_ Which Shelter? \_\_\_\_\_

Type: \_\_\_\_\_ Reason For Foster: \_\_\_\_\_ Which Shelter? \_\_\_\_\_

How would you describe your level of experience with pets? *check all that apply*

- Never had a pet  Had childhood pet dog/cat/other  Had one or more as an adult
- Have experience with high energy breeds
- Have experience working with on-going medical problems with a personal pet\*
- Have experience working at a boarding kennel/resort/pet sitting service, etc.
- Have experience working with behavioral problems with a personal pet
- Have experience working in a veterinary hospital  I am a professional dog trainer

Have you ever housetrained a dog?  Yes  No      Have you ever crate trained a dog?  Yes  No

Have you ever been involved in the birth of an animal?  Yes  No

\*Are you experienced with any specific medical conditions?  Yes  No

If yes, please explain. \_\_\_\_\_

Is there any other information you think is relevant for us to know that pertains to your experience as a potential foster?

---

---

---

---

---

---

## CURRENTLY OWNED PETS

<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>

*Please list the veterinary hospital(s) your pet(s) goes to –*

<b>Veterinary Hospital:</b> _____	<b>Phone:</b> _____
<b>Owner Name on Records:</b> _____ <b>Pets Seen Here</b> _____	
<b>Veterinary Hospital:</b> _____	<b>Phone:</b> _____
<b>Owner Name on Records:</b> _____ <b>Pets Seen Here</b> _____	

*Other Notes Related to Pets/Medical:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AVAILABILITY & COMMITMENT

Are you able to bring foster animals to regular check-ups with our veterinary staff during open shelter operating hours?       Yes       No

Are you willing to bring foster animals to offsite local locations for meet and greets with potential adopters?       Yes       No

Are you willing to send regular updates and photos to assist in promoting the adoption of a foster animal?       Yes       No

---

*I agree to receive and care for the foster pet in my home until the time the animal is ready to return to the shelter or is adopted. I will be responsible for feeding, daily hygiene, and providing a safe and clean environment; making sure it gets proper exercise and mental stimulation (that includes playtime); making sure the pet follows the vaccination schedule given by the shelter; transporting your foster pet to its veterinarian appointments if necessary. The shelter can provide food, litter, toys, bedding, etc. for foster pets which must be picked up at the shelter. The shelter also provides medical care for pets in foster care. All vaccines, tests, and spaying and neutering will be done through the shelter or a vet of the shelters choice. Any illnesses which arise should be immediately reported to PMHS staff listed in the handbook and will be assessed and handled as deemed necessary. Any vet visits which are not previously approved will not be covered by the PMHS.*

*I will not sell or give away any animal in my care to a research facility, pet shop, dog breeder, or puppy mill, or to any other person or business. In the event that I am no longer able to care for the pet, I agree to immediately return any foster animal(s) in my care at that time, as well as all records and property belonging to PMHS. The length of time a pet is in foster care is at the sole discretion of the shelter and pets can be required to be returned at any time. I agree to adhere to any and all foster guidelines which are outlined in the foster handbook. I have completed this application to the best of my ability and knowledge. I have made no misstatements or misrepresentations.*

*I understand a Shelter representative may need to visit my home for a home inspection before my foster application is fully approved. I authorize Pope Memorial Humane Society to contact listed veterinarians and landlords to investigate all statements in this application. Once approved and selected to foster an animal, all foster homes receive a Foster Care Handbook pertaining to the animal(s) you have brought home.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

**License/ID Information**      ID # \_\_\_\_\_ Issuing State \_\_\_\_\_