

FOSTER APPLICATION

PLEASE COMPLETE AND RETURN TO: HSOMC, P.O. Box 1034, Midland, MI 48641-1034

Full Name:						
Address:				City:	Zip Co	ode:
Home Phone: ☐ Work ■ Please check			Work Fease check y	Phone: ☐ our preferred contact phone	Cell Phone:	
E-Mail Add	ress:					
Are you at least 18 years of age? How did			_ How did y	ou hear about HSOMC′	?	
What type	e of pet we	ould you be mo	st interes	ted in fostering? Do	g 🔲 Cat 🔲	Other
(Occasionall rabbits, mice			some of the	following pets that would fit	the "OTHER" category,	which could include
Please give current and			regarding p	ets you have owned for th	ne past ten (10) year	
Type of Pet	Breed	Name	Age	Spayed/Neutered	Currently With Pet?	Appx. Yrs. w/Pet Reason you no longer have pet
Please list a beginning v			uding addre	sses and phone no. that	you have used withir	n the past ten (10) years,

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Are all of your pets up to date on essential aspects of health care, including vaccinations, heartworm (if applicable) and other preventative care?					
Yes □	No □				
■ If no, please explain:					
•	-	arian for a reference? Yes			
Have you ever been involved	with or been a me	ember of any animal rescue or	ganizations or animal welfare groups?		
	janization				
No □					
What experience and/or train	ing do you have re	egarding pet training and/or te	mperament assessment?		
Please list the number of child home during temporary stays	_	s residing in your home (that i	ncludes children that may reside in your		
No. of children:	Ages:	.;;;;;			
How many adults, including y	ourself, reside in y	our home?			
Do you own or rent your hom					
Do all household members, in	ncluding homeown	er, support you participating it	n the foster program? Yes □ No □		
Do you have a fenced yard?	Yes □ No □				
Please tell us approximately h	now many hours p	er day your foster pet (s) woul	d be left unattended?		
Please list at least two (2) refe	erences, at least o	one must someone you are no	t related to:		
Name		Phone	Relationship to You		

What does a "foster parent" do?

You would 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); keeping track of the pets medical needs such as vaccines and deworming and bringing them into the shelter to receive them; transporting your foster pet to its veterinarian appointments; making sure that photos are posted on the website with all of the information regarding your foster;

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affection to an animal that needs it the most.	
any other person or business without written permission	search facility, pet shop, dog broker/breeder, or puppy mill, or to from HSOMC. In the event that I am no longer a member by foster animal (s) in my care at that time, as well as all records
I have completed this application to the best of my misrepresentations.	ability and knowledge. I have made no misstatements or
Applicant's Signature	 Dated

Attending Petsmart Adoptathons if the pet is in foster care for a longer period of time, And lastly, to give lots of love and

Upon receipt and review of your completed application the Foster Coordinator will contact you to go over the program and answer any questions you may have. We will contact your vet to make sure your current pets are up to date on vetting. If you rent we will also contact your landlord to make sure you are able to have pets where you live.

Being a foster parent to a homeless animal can be a demanding job, but it is highly gratifying. Fostering gives you a chance to be a part of a pets journey to a loving forever home.

Thank you for taking the time to fill out this application. For more information, please visit our website at www.hsomc.org or contact info@hsomc.org

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