



Staff Use

Foster Application

Thank you for your interest in volunteering to be a foster parent! Please answer the following questions before deciding to foster. We want to ensure the best possible match between foster parents and a companion animal. This program is an important and often life-saving alternative to shelter life for specifically selected companion animals. Most often foster commitments are short term (2 weeks-3 months) for moms and kittens/puppies, orphaned kittens/puppies, or sick or injured animals. On occasion we will have pets that need longer term foster for behavioral/medical reasons.

I am interested in fostering (*Please circle all that apply*):

Cats	Dogs	Critters
URI (Upper Respiratory Infection)	URI	Birds
Adult Cats	Adult Dogs	Ferrets
Mom & Kittens	Mom & Puppies	Farm Animals
Unweaned Kittens	Unweaned Puppies	Rabbits
Injured/ Recovering	Injured/Recovering	Small Animals
Under-Socialized	Under-Socialized	Reptiles

FOSTER INFORMATION:

Name: _____ Address: _____

Select Type

Phone: _____ Home ☐ Cell ☐ Work ☐ Mailing Address (if different): _____

Phone: _____ Home ☐ Cell ☐ Work ☐ _____

Phone: _____ Home ☐ Cell ☐ Work ☐ _____

Email Address: _____

Are you at least 18 years of age? _____ How did you hear about HSOMC? _____

Have you ever been involved with or been a member of any animal rescue organizations or animal welfare groups? Yes ☐ Name of Organization _____ No ☐

HOUSING:

Please Select: ☐House ☐Apartment ☐Condo ☐Mobile Home Park ☐Other _____

How long have you been at this address? _____ Do you rent or own? _____

If renting, landlord name and phone number: _____

Are Pets allowed at this residence? Yes ☐ No ☐ If no, please explain: _____

The yard is (select all that apply, if interested in fostering a dog):

No yard ☐ No fence ☐ Partial Fence ☐ Electric Fence ☐ Fully Fenced ☐ Tie Out ☐ Dog run ☐

FAMILY INFORMATION:

Number of adults in the household (including yourself): _____

Number of children in the household: _____ Please list ages: _____

The primary caregiver of this pet is best described as (check all that apply):

Retired ☐ Stay at home parent/Works from home ☐ Employed part time ☐ Employed full time ☐College Student ☐ Child/Adolescent ☐ Other ☐ _____Does anyone in the home have known pet allergies? Yes ☐ No ☐ If yes, please explain: _____**VETERINARY REFERENCE:**

Vet's Name: _____ Address: _____

Time with this vet: _____

Clinic Name: _____ Phone: _____

Alternate Veterinarian (Name & Phone #): _____

PET OWNERSHIP HISTORY:**CURRENT PETS**

Please list all pets currently residing in your household, including those cared for by relatives and/or roommates:

Name	Type of Pet	Breed	Age	Spayed/Neutered?	Time Owned

PAST PETS

Please list all pets you have owned or cared for in the past 10 years:

Name	Type of Pet	Breed	Age	Spayed/Neutered?	Time Owned

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: _____

Do we have permission to contact your veterinarian for a reference? Yes ☐ No ☐

What experience and/or training do you have regarding pet training and/or temperament assessment?

On average, how many hours a day will this pet be left alone? _____

Where will this pet be kept when no one is home? _____

What does a “foster parent” do?

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; attending adopt-a-thons that are scheduled by HSOMC; making sure that photos are posted on the website with all of the information regarding your foster; reviewing all adoption applications for my foster pet and conducting personal telephone interviews if the pet is being fostered long term. And lastly, to give lots of love and affection to an animal that needs it the most. The shelter can provide food and litter 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 shelter's choice. Any illnesses which arise should be immediately reported to the HSOMC Foster Coordinator or Shelter Director and will be assessed and handled as deemed necessary. Any vet visits which are not previously approved will not be covered by the HSOMC.

I will not sell or give away any animal in my care to a research facility, pet shop, dog broker/breeder, or puppy mill, or to any other person or business without written permission from HSOMC. In the event that I am no longer a member of HSOMC or am unable to care for the pet any longer, I agree to immediately return any foster animal (s) in my care at that time, as well as all records and property belonging to HSOMC. 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 manual.

I have completed this application to the best of my ability and knowledge. I have made no misstatements or misrepresentations.

Upon receipt and review of your completed application the HSOMC Foster Coordinator will contact you to set up a meeting and orientation to go over the foster program policies. We will also contact your vet if you have other pets to ensure they are up to date with vetting.

Being a foster parent to a rescue pet is a demanding, yet gratifying job. 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 or volunteerhsomc@gmail.com. We can also be reached by phone at 989-835-1877.

Signature of Applicant: _____

Date: _____