

## **Foster Care Application**

### Personal Data

Name

Address

City\_\_\_ State\_\_\_ Zip

Phone/s Home\_\_\_\_\_ Work\_\_\_\_\_ Email

### Household Information

Do you live in a(an):

Apartment      Condo      Single family home      Mobile home

Do you own\_\_\_ rent\_\_\_

If renting, Does your lease allow pets? Yes\_\_\_ No\_\_\_

Landlords name

Do you have a securely fenced yard? Yes\_\_\_ No\_\_\_ Type of fence\_\_\_\_\_ Height of fence\_\_\_

Are there screens on all windows that open? Yes\_\_\_ No\_\_\_

How many adults in the home? \_\_\_ How many children? \_\_\_ The children's ages \_\_\_\_\_

Have they handled animals before?

If so, what age and species?

Anyone with allergies in the household? Yes No

If so, how will you handle the allergies?

### Personal Pet Information

Do you have any pets now? Yes (please list all below) No

| Name | Breed | Sex | Age | Spayed/Neutered | Current on Vaccines | Special Needs |
|------|-------|-----|-----|-----------------|---------------------|---------------|
|------|-------|-----|-----|-----------------|---------------------|---------------|

Do you pets have any chronic illnesses or behavioral problems?

If so, please explain

Who is your veterinarian?

Phone

Where are your pets kept during the day?

At night?

If you do not currently have pets, have you had pets in the past?

If yes, what type?

What happened to them?

### **General Information**

How did you hear about the HSMC Foster Care program?

Are you willing to have an HSMC foster volunteer visit your home?

Are you available to transport your foster to adoption events and vet appointments?

Have you ever administered medications to a dog or cat?

Have you ever taken a dog to obedience training?      Where?

Would your work schedule allow you to foster an animal that would need medications during the day or to take your foster to the vet?

How much time daily would you have to care for and work with a foster pet?

Do you have an indoor area to confine the pet? Please describe.

Why do you want to be a foster parent for HSMC?

Do you or have you in the past fostered for any other rescue group? If so, what group/s?

What kind of pet(s) are you prepared to foster (please check all that apply)

Puppies/small dogs/medium dogs/large dogs/Pets with medical or post-operative needs Kittens/cats/bottle fed puppies or kittens/mom and litter of puppies or kittens/senior pets/

Is there a specific breed or type you are interested in?

Is there anything that you would like for us to know about you or your pets that we have not asked?

### **Special Considerations**

- The dogs you will foster probably will not be perfect. Some may need to be housetrained. Some dogs may be rowdy or shy, they may jump up on people or on furniture or have destructive behaviors that need to be redirected. To some degree, these things will depend on the dog's age and breed, but these problem behaviors may be why the pet landed in Animal Control in the first place. Training advice is provided for all these behaviors. Fostering requires much patience, love and TLC.
- Although our animals receive thorough examinations by a local veterinarian and have a 10 day quarantine, animals brought into your home may have contagious diseases that can infect you or your animals.

- HSMC will need frequent updates on your foster
- HSMC is always available to help you when questions or problems arise.
- HSMC strongly discourages adoption of the animal by the foster. It is extremely common for fosters, especially the first time they foster, to feel the need to adopt the animal because of the bond that develops. An easy way to think of not adopting is, "if I don't let them go, I can't help another pet that needs me".
- Very rarely an HSMC animal must be euthanized for severe medical or behavioral problems. Although this is unlikely to happen, would you be able to deal with that?

I confirm that all of the information supplied on this application is true and correct. I also understand that the Humane Society of Monroe County is not responsible for any property or personal damage, wounds inflicted or illnesses caused by the foster animal(s).

Completion of this application does not guarantee acceptance into the program.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit online or print and mail to

HSMC

PO Box 164

Waterloo, IL 62298

For any questions, please call the shelter at 618-282-PETS.