



FOSTER APPLICATION

Office Use:
ID #: _____

**Before applying to become an HSW animal foster please consider you must:
1) Be at least 21 years of age, and 2) Agree to a home visit as part of the application process**

Interested in (check all that apply): puppy dog mother with nursing puppies
 dog/puppy with medical needs dog/puppy with behavioral issues kitten
 bottle kittens cat comfortable with administering meds

How soon are you able to begin fostering? _____

How long you can foster? _____

CONTACT INFORMATION

Name: _____
Address: _____
Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____
Email address: _____ opt out of newsletter
Driver's License #: _____ Issuing State: _____
Employer: _____ Work phone: _____

HOUSEHOLD INFORMATION

1. Do you? Own Rent
a. How long have you lived here? _____
b. If renting: Landlord Name: _____ Phone: _____
2. Do you live in a: House Apartment Duplex Condo Mobile Home
a. (Skip to question 3, if not fostering a dog) Do you have a yard? Yes No
i. If yes, is it fenced? Yes No
ii. If no, please explain how you plan to keep your foster dog contained and safe in your yard. HSW foster dogs and puppies must be supervised at all times when outdoors. _____

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HOUSEHOLD INFORMATION continued...

3. Do you anticipate moving in the next 6 months? Yes No
4. Do you live with Friends Parents / Guardians N/A
5. How many people reside in your household? _____
 - a. Ages of children under 18, if any _____

 - i. Are they used to animals? Yes No
 - b. Do all household members know you are fostering a pet? Yes No
 - c. Will everyone in the household share in the responsibility of caring for this animal? Yes No
 - d. Have you or anyone in your family ever been charged or convicted of animal abuse or neglect? Yes No
6. How many hours (on average) per day will your foster be left alone? _____
7. Where will your foster be kept while you are not at home? _____
8. Where will your foster be kept a night? _____

DOG FOSTER ONLY

1. Do you plan to crate train? Yes No
2. How many hours per day will your foster dog be outside/walked/exercised? _____
3. If this dog is an adult and needs ongoing training, will you partake in any training sessions that HSW arranges and pays for? Yes No
4. Do you agree to only use the collar/harness/leash method HSW provides? Yes No
5. Do you agree NOT to take your foster dog to any dog parks, doggie daycare, boarding/pet hotel without prior approval from HSW? Yes No

FOSTER & PET HISTORY

1. Do you have any previous foster experience? Yes No
 - a. If yes, please explain: _____

2. What size dog(s) have you had experience with? < 20 lbs 21 – 50 lbs > 51 lbs
3. What pet(s), if any, have you had in the past? _____

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CURRENT PETS (if applicable)

Name	Species	Gender	Fixed	Age	Time Owned	Current on Shots
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

How will these pets adjust to a foster pet and how do you plan to acclimate them?

Veterinarian Name: _____

Office Name: _____ Phone: _____

PERSONAL REFERENCES

1) Name: _____ Phone: _____
2) Name: _____ Phone: _____

[Intentionally left blank]



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I agree

By checking this box, I certify that I am at least 21 years of age or older and that ALL of the above information is true to the best of my knowledge and that false information will nullify this agreement. I have not been convicted of any charges of cruelty, abuse or neglect to animals and am not engaged in any commercial breeding or sale of dogs. I give permission to the Humane Society of Walden to verify all information and check references. I also understand that if I am approved to foster I must agree to the terms outlined in the HSW Dog Foster Handbook. I understand that although the Humane Society of Walden takes reasonable care to screen animals for foster placement and will provide 100% full disclosure about any dog I elect to foster, they make no guarantees relating to the animal's health, behavior, or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which the Humane Society of Walden has asked me to provide care.

I acknowledge that the Humane Society of Walden is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury. I volunteer to accept the rescued animal in my charge as a humanitarian act and agree to release and hold harmless the Humane Society of Walden along with volunteers and Board Members, from any and all liability or responsibility in connection with any pet(s) I agree to foster.

Foster Applicant Signature

Date

HSW Representative Signature

Date

HOME VISIT

An HSW representative will contact you the day before to confirm the visit. The home visit generally takes 15-20 minutes.

Date: _____ Time: _____ Best Phone No. for day of: _____