



Greater Hillsdale Humane Society | Foster Application

Thank you for your interest in becoming a Greater Hillsdale Humane Society foster parent! Please fill out the following information:

Date: _____

Name: _____

Address: _____

Phone #: _____ Alt #: _____

Email: _____

I live in a/an: Apartment House _____ Own _____ Rent

If renting- landlord name: _____ Landlord Phone #: _____

How many pets are you allowed to have in your home, according to your rental agreement & local ordinances? _____

Children in home? _____ Yes _____ No If yes, ages: _____

Are you 21 years of age or older? _____ Yes _____ No

Date of birth: _____

Type of companion animal you're looking to foster:

_____ bottle-fed kittens

_____ bottle-fed puppies

_____ weaned kittens

_____ weaned puppies

_____ cat/kittens needing socialization

_____ dog/puppy needing socialization

_____ mother cat with kittens

_____ dog/cat recovering from injury
or surgery

Large, medium, or small breed dog?: _____

How long are you able to foster? (weeks): _____

Where will the foster pet be kept during the day?

_____ Free roam

_____ Outdoors

_____ Crate

Other _____

Where will the foster pet be kept during at night?

_____ Free roam

_____ Outdoors

_____ Crate

Other _____

Will you be able to keep this foster animal(s) separate from your animals if and when necessary?

_____ Yes

_____ No

Are you willing to administer medications?

_____ Yes

_____ No

Are you willing to transport your foster to the recommended veterinarian if needed?

_____ Yes

_____ No

Breeds you do not want to foster? : _____

Does anyone In the household have any known animal allergies? If yes, please specify :

Have you ever fostered for another organization before?:

_____ Yes

_____ No

If yes, what organization?: _____

Are you currently fostering animals?: _____

Do you currently have pets? If yes, please fill out below:

Name:	Cat or Dog:	Breed:	Age:	Indoor / Outdoor / Both

We ask that your pets have the following veterinary care prior to fostering:*

Cats

- Rabies vaccine
- FVRCP vaccine
- Spayed/Neutered
- FIV/FelV test
- Monthly flea/tick prevention (highly recommended)

Dogs

- Rabies vaccine
- DA2PP/distemper vaccine
- Bordetella vaccine
- Spayed/neutered
- Negative heartworm test (highly recommended)
- Monthly flea/tick & heartworm prevention (highly recommended)

Which veterinary clinic do you currently use?: _____

Do your pets get along with other animals?: _____ Yes _____ No

If no, please explain : _____

Does your residence have any of the following?

_____ Yard _____ Fence- _____ Height
_____ Dog Run _____ Dog Door

How many hours will the foster pet spend alone each day?: _____



Please e-mail or fax your pets' medical records to GHHS to complete your application. This must be done before you will be able to foster GHHS animals!

Please continue to the next page and initial next to the statements. To submit an foster application, please email this application back to **greaterhhs@gmail.com** for our office to review!



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I am willing to accept the fact that some animals in my care may decline in health and/or behavior and may require humane euthanasia for various reasons. This decision is made carefully by a veterinarian and management of the Greater Hillsdale Humane Society.

Please Initial _____

I understand that anyone interested in adopting my foster animals (including me) must go through the standard adoption process, and the approval of candidates for the placement of the animals is up to the Greater Hillsdale Humane Society staff.

Please Initial _____

I have answered the questions above truthfully and completely. I understand that although the Greater Hillsdale Humane Society carefully screens animals for foster care placement, it makes no guarantee relating to the health, behavior, or actions of the animals. I understand that I receive foster care animals at my own risk and can reject or return animals for which the Greater Hillsdale Humane Society has asked me to provide care for. I indemnify and hold Greater Hillsdale Humane Society free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgement of any and all kind of description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Please Initial _____