



HARBOR HUMANE SOCIETY FOSTER APPLICATION

We appreciate your interest in being a foster parent for Harbor Humane Society. Your application will be reviewed once completed and submitted. Please answer the following questions to help us understand your background as well as the type of foster home you will be providing our animals. Upon receipt of this completed application, an Adoption Counselor will contact you to discuss further. Any questions please call us at 616-399-2119 or send an email at fosters@harborhumane.org.

Section 1: Personal Information

Last Name:		First Name:		*Date of Birth:	
Address:		City:		State:	Zip:
Email Address:		Employer:			
Home Phone:		Cell Phone:		Work Phone:	

* Applicant is required to be 21 years of age Do you run a daycare facility? **Yes or No**

What kind of animals are you available to foster? (Please circle all that apply)

Dogs Cats Puppies Kittens Domesticated Birds Rabbits

Dogs with kennel cough Cats with respiratory infections Mother dog with puppies Mother cat with kittens

Which size animal do you prefer to foster? (Please circle all that apply) **Small Medium Large Any**

What length of time are you able to foster? (Example: One month) _____

What kinds of foster care are you interested in or have experience with? (Please circle all that apply)

Bottle feeding

Adolescents under one year of age

Behavioral issues

Young but can eat on their own

Adults over one year of age

Medical/surgical recovery

Other: _____

If you have animals currently in your home, do they get along with other cats or dogs? **Yes or No**

Will you be able to foster animals separate from your own animals? **Yes or No**

If so, where in your home and how? _____

How many hours will the foster animal(s) be home alone during a typical day? _____

Can you foster a dog that is not housebroken or a cat not litter box trained? **Yes or No**

Please describe your animal housing arrangements? _____

Do you have a fenced in yard **Yes or No** How high is your fence? _____ If you do not have a fence, how will you exercise the dog? _____

Are you able to transport the foster animal(s) to our location for regular rechecks? **Yes or No**

Are you willing to transport the foster animal(s) to offsite adoption events? **Yes or No**

What supplies will you need for your foster pet? _____

What supplies are you able to provide your foster pet? _____



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Do you have any questions regarding the foster care program? _____

Section 2: Emergency Contact

Last Name:	First Name:	Relationship:
Home phone:	Cell phone:	Work Phone:

Section 3: Household Information

Number of adults in household? _____ Number of children in household? _____ Children's Ages _____

Name of ALL adults in household _____

Circle any of the following who you live with or live with you. **Parents In-Laws Friends Roommate(s) Spouse**

In which type of home do you live? **Home Mobile Home Apartment Duplex Condo Townhouse Other**

Circle one of the following. **Home Owned Rent** Landlord's Name/Phone # _____

Household member that will be the primary caretaker of the foster animal(s)? _____

Does anyone have allergies to animals within the household? **Yes or No**

Section 4: Animal Profile

*Please "X" in each box on all pets currently owned; including small caged pets.

Animal type	Name	Breed	Age	M/F	Spayed or Neutered (Y or N)	Pets kept Indoors or Outdoors?	How long owned?	Vaccinations current?
Dog								
Cat								
Other								

Section 5: List Medical Issues of Animals Listed Above

Name: _____

Name: _____

Name: _____

Name: _____



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Section 5: References

Name of current veterinarian or clinic _____ Phone # _____

Have you ever provided foster care for animals before? **Yes or No** Tell us about it.

Do you provide foster homes for any other organization? **Yes or No** If yes, please list all foster or rescue programs you are a part of (including care for feral cats):

Section 6: Signatures

Applicant

Dated: _____

Applicant

Dated: _____

For Office Use Only

SECTION A: INTAKE INFORMATION

Date received: _____ US Mail Fax E-mail In Person

Notes:

SECTION B: APPROVED OR DENIED

Signature of staff representative _____ Date _____

Signature of staff representative _____ Date _____

Signature of staff representative _____ Date _____