



## 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 sheltermanager@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? \_\_\_\_\_



## HARBOR HUMANE SOCIETY FOSTER APPLICATION

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: \_\_\_\_\_



**HARBOR HUMANE SOCIETY  
FOSTER APPLICATION**

**Section 5: References**

Name of current veterinarian or clinic \_\_\_\_\_ Phone # \_\_\_\_\_

I authorize the veterinarian listed to release medical records to Harbor Humane Society. \_\_\_\_\_

Signature / Date

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 \_\_\_\_\_