



Heart of America Humane Society

FOSTER HOME APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Alternate # _____

E-mail address _____

Names and ages of family members

List all current pets in the home:

<u>Species</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Current on vaccinations</u>
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If you have dogs, are they on monthly heartworm preventative? YES NO

If you have cats, are they declawed? YES NO

How will your foster get daily exercise? _____

When are your pets allowed outside? _____

When are your pets inside? _____

Where do they sleep? _____

Do you have a fully fenced yard? YES NO Wood or chain link _____ Height _____

Do you want to foster dogs, or cats? _____

How many do you want at one time? _____

How many hours a day will the foster animals be alone? _____

Where will you keep the foster animals in your home? _____

Will the foster animal interact with your current pets? _____

What will you do with your foster animals in the case of an emergency – loss of power for a substantial period of time? Or any natural disaster? _____

This application will be given to the appropriate foster coordinator for the species and the foster coordinator will be in contact with you soon. Thank you!

6/20/2022