



Heart of America Humane Society

FOSTER HOME CHECK LIST

Name _____

Address _____

City, State, Zip _____

Home Phone # _____

Alternate Phone # _____

E-mail address _____

Name and phone number of vet _____

Name and ages of family members at this home _____

Have police or animal control ever been called to your home? YES NO

Current pets: Species, Breed, Age, Sex, S/N, Current on vaccinations, Heartworm
(Cats...declawed?)

How many animals are currently in your home? _____

What species do you want to foster? _____

How many at one time? _____

How long are they willing to keep them? _____

Will you take dog/cat back if returned? YES NO

Can you attend adoption events on Saturdays at PetSmart? _____

How will your foster get daily exercise? _____

Fenced Yard? YES NO

Type and height of fence _____

Do you have a dog door? YES NO

If there are cats, are they indoor or outdoor? YES NO

What experience to you have in housebreaking? _____

Where will fosters be kept when nobody is home? _____

How many hours a day will they be alone? _____

Where will they be when family is home? _____

Where will they sleep? _____

Will they interact with currently owned animals? YES NO

Where will the foster animal eat? _____

What do you currently feed your animals? _____

If the foster doesn't get along with other animals what is your plan?

To what extent do you feel comfortable giving medications/injections/first-aid to
the foster animal? _____

Are you aware of foods never to give to animals? _____

Are you comfortable doing their own screening and adoptions? YES NO

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? _____

Signature of foster _____

Date _____