



The Humane Society of Caroline County, Inc.

P.O.Box 75

Ruther Glen, VA 22546

(804) 867-7534

www.carolinehumanesociety.org

Board of Directors
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Foster Application

We appreciate you taking the time to complete our application. We are an all-volunteer organization and it sometimes takes a few days for us to complete the processing of an application. Once your application has been processed a member of our staff will contact you. (NOTE: It is important that you answer all questions on the application. This information helps us in deciding which animal is best suited for your family and home. Failure to provide complete information could lead to the application being rejected.)

Type of animal you are interested in fostering: Cat Kitten Puppy Dog

Personal Information

Name: _____ Phone (cell): _____ Phone (home): _____

Email: _____ Drivers license#: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Length of time at this address: _____

Previous Address if less than 2 years: _____

Employers name & address: _____ Work Phone: _____

Co-Applicant's name: _____ Drivers license#: _____

Co-Applicant's Employers Name & Address: _____

Co-Applicant's work phone: _____

Housing Information

Do you live in: House Townhouse/condo Apartment Other (explain) _____

Do you: Rent Own

Landlord Name: _____ Landlord Phone: _____

(We must contact your landlord for approval if you are renting)

Size of your yard in acres: _____ Is your yard fenced in? Yes No

Type of fence: Privacy Chain Link Invisible Height of fence: _____

Is the animal you are fostering going to reside at this address? Yes No

Are there any restrictions concerning animals that may reside at this address? Yes No

If yes, what are the restrictions? _____

Pet History

Pet #1

Name of Pet: _____ Breed: _____ Age: _____ Gender: _____

Spayed/Neutered? Yes No

How long did you or have you had this pet? _____ Date of last Vet Appointment: _____

Is/was this pet up to date on all vaccinations? Yes No

Is/was this pet up to date on heart worm preventative? Yes No

Is/was this pet up to date on flea/tick preventative? Yes No

If this animal is deceased, how old was the pet when it passed and what was the cause of death?

If not deceased, where is this animal now? _____

Pet #2

Name of Pet: _____ Breed: _____ Age: _____ Gender: _____

Spayed/Neutered? Yes No

How long did you or have you had this pet? _____ Date of last Vet Appointment: _____

Is/was this pet up to date on all vaccinations?

Is/was this pet up to date on heart worm preventative? Yes No

Is/was this pet up to date on flea/tick preventative? Yes No

If this animal is deceased, how old was the pet when it passed and what was the cause of death?

If not deceased, where is this animal now? _____

Pet #3

Name of Pet: _____ Breed: _____ Age: _____ Gender: _____

Spayed/Neutered? Yes No

How long did you or have you had this pet? _____ Date of last Vet Appointment: _____

Is/was this pet up to date on all vaccinations?

Is/was this pet up to date on heart worm preventative? Yes No

Is/was this pet up to date on flea/tick preventative? Yes No

If this animal is deceased, how old was the pet when it passed and what was the cause of death?

If not deceased, where is this animal now? _____

Veterinarian History

Please provide the name, address and phone number for past and present veterinarians. HSCC will contact them to verify previous and current pets altered and kept up to date on vetting.

Veterinarian #1

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet treated: _____

Veterinarian #2

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet treated: _____

Unexpected Past Situations

We ask this information only to gain an understanding of your pet history. We know that there are often good reasons for pet situations to change.

Have you or anyone in your home ever sold, given away, or surrendered a pet? Yes No

If yes, please explain: _____

Family Information

How many adults live in your home? _____

Are the adults living in your home in agreement to this temporary addition to your family? Yes No

How many children live in your home? _____ Ages of children: _____

How will your children react to the possible adoption of this animal? _____

If you have no children, will the animal come in contact with children? Yes No

If yes, please explain: _____

Have you/anyone in your family been convicted of animal abuse or neglect? Yes No

If yes, please tell us more about the incident: _____

Does anyone in your home have asthma? Yes No

Are you aware of the fact that animals may have an affect on an asthmatic? Yes No

Does anyone in your home have a disability or special needs that we should know about? Yes No

Concerns or thoughts you would like us to know: _____

Lifestyle Information

Where will this pet be housed during the day? _____

Where will the pet sleep? _____

Where will the pet stay when home alone? _____

Where will the pet stay when you take vacations? _____

How many hours per day will this pet be without human companionship? _____

Is it required for you to travel for work? Yes No

If yes, who will care for the pet while you are gone? _____

Animal Care/Training and Exercise

Who will be the primary caregiver? _____

Are you willing and able to care for this pet until it is adopted? Yes No

Have you ever trained an animal? Yes No Have you ever crate trained an animal? Yes No

Do you have time to play with, socialize, train, walk, bathe and overall care for an animal in your foster care?
 Yes No

Some pets may take 30 days or more to adjust and even longer to get adopted. During this time, there can be behavior problems that are based on fear and/or confusion. It takes time for you to learn your foster animals signals and for him/her to learn your routines. Are you willing to give this animal the time to adjust to its new environment and family members? Yes No

This animal may not be housebroken, are you willing to work with this animal? Yes No

Personal References

Please provide us with 2 personal references. These may not include family or extended family.

Reference #1

Name: _____ Phone #: _____ Relationship: _____

Reference #2

Name: _____ Phone #: _____ Relationship: _____

Accomodations

We require a home visit to complete this application. Are you willing to comply? Yes No

How did you hear about us? _____

Have you ever applied to a rescue group before? Yes No

If *yes*, where? _____ When? _____

Tell us in a short paragraph– the situation:

Are you capable of giving medication to a foster animal if necessary? Yes No

Are you willing to take the foster to a 24 hour veterinary clinic after business hours in the event of a medical emergency? (They usually expect payment at time of care, but you will be reimbursed by the HSCC)

Yes No

If necessary, can you transport a sick or injured animal to one of HSCC’s designated veterinarians?

Yes No

Do you understand that animals in your care will be available through “Pet Finder”, HSCC website and other media sources? Yes No

Are you willing to take your foster animal to Adoption Events? Yes No

Are you willing to set up meeting times for potential adopters in your home? Yes No

By submitting this application, I agree to the following:

1. If I am approved for fostering, I will to the best of my ability keep the fostered pet safe, fed, bathed and up to date on all medications and agree to take the animal to a vet or emergency hospital immediately if needed.
2. If for any reason, I find I cannot keep the animal, I will return it to the Humane Society of Caroline County.
3. I am authorizing through submission of this form, the veterinarian(s) listed to release any and all information and records concerning past and present care of animals to the Humane Society of Caroline County. I agree to hold harmless and indemnify said veterinarian(s) for providing such information.
4. I certify that I am 18 years of age or older and have read and understand this application in its entirety and have answered all questions honestly and to the best of my ability. I understand that ANY misrepresentations of fact may result in the removal of the fostered pet from my home.
5. I understand that phone calls and/or announced or unannounced visits will be made to me and my home during the duration that I am fostering. I also understand that during these home visits, that if the HSCC representative feels that the animal is being abused, neglected or not safe, that the representative will remove that animal immediately.

A representative from the Humane Society of Caroline County will discuss your application and the needs of the animal(s) you wish to foster. This information is an informal conversation and a great time for you to ask questions or voice any concerns you may have about the adjustment period or the needs of the animal. The representative will help you throughout the fostering process. The representative will stay in touch through phone calls, emails and home visits.

Name of Applicant (please print): _____ Date: _____

I agree to all terms and conditions listed above: _____

Signature of applicant