



Foster Application

Thank you for your interest in fostering with The Humane Society of Jackson County. We truly appreciate your time and commitment to reducing the number of homeless animals in Jackson County.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Lic# _____

Reason for fostering: Love Animals School/Work Requirement
Internship Other

Please list the name and age of each Family member: _____

Are all members in your family in agreement to become fosters? Yes No

Do you currently have pets in your home? Yes No

If yes, please provide details for all dogs and cats in your home below.

NAME OF PET	TYPE	BREED MIX	SEX	AGE	WEIGHT	SPAY NEUTER	HOUSED	CURRENT ON VACCINATIONS	MISC
	Dog		Male		< 10lb	Yes	House	DAPP or DHPP	Heartworm Prevention YES / NO
	Cat		Female		10lb – 29lb	No	Yard	Rabies	
					30lb – 49lb		Chained	Bordetella	Flea/Tick Prevention YES / NO
					50lb – 89lb		Kennel	Rabies	
					>90lb		Dog Run	FVRCP	Declawed

	Dog		Male		< 10lb	Yes	House	DAPP or DHPP	Heartworm Prevention YES / NO
	Cat		Female		10lb – 29lb	No	Yard	Rabies	Flea/Tick Prevention YES / NO
					30lb – 49lb		Chained	Bordetella	Flea/Tick Prevention YES / NO
					50lb – 89lb		Kennel	Rabies	Flea/Tick Prevention YES / NO
					>90lb		Dog Run	FVRCP	Declawed
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					30lb – 49lb		Chained	Bordetella	Flea/Tick Prevention YES / NO
					50lb – 89lb		Kennel	Rabies	Flea/Tick Prevention YES / NO
					>90lb		Dog Run	FVRCP	Declawed

Do you have other types of pets living in your home? Yes No

If yes, please describe: _____

What is your veterinarians Name, Location and Phone number?

May we contact your veterinarian to verify information provided about your pets? Yes No

Do you live in a House Apartment Townhouse Mobile Home

Do you Own Rent

If you rent, do you have the property owners' permission to foster animals? Yes No

Property owners Name and phone number: _____

Do you have a fence? Yes No

If yes, please describe type of fence material and height: _____

Questions and Preferences

Prefer to foster: Dogs Cats Both

Preferred size: <10lb 10lb – 29lb 30lb – 49lb 50lb- 89lb >90lb

Preferred age: Puppy 6 – 8 wks Young 4 mth – 2 yrs Adult 2yrs +

Senior 8 yrs + Pregnant Female + Litter Abandon Litter (Requires 24hr care/feeding)

Preferred Temperament/Personality/Needs:

Shy/Quiet High Energy Surgical Recovery Illness Recover (Ex. HW treatment)

Past Abuse Quarantine (Parvo, Ringworm, URI etc.) Mouthy/Nippy

Separation Anxiety Food Aggressive No House Manners Playful

Have you ever fostered with another organization? When? Describe experience: _____

Do you believe in crate training (dogs)? Yes No

If yes, how many hours at a time will the animal be in a crate? _____

If no, where will the animal stay and for how long? _____

How many hours per day will the foster animal be left alone? _____

Where will the foster animal stay when you are not at home? _____

Where do your current/previous pets stay when you are not at home ? _____

Where will the foster animals sleep? _____

Are you willing to take the foster animal to regularly scheduled veterinary visits? Yes No

Are you willing to take the foster animal to the veterinarian in the case of illness and/or emergency? Yes No

Are you willing to keep collar and id tags on the foster animal at all times? Yes No

Are you able to attend with and/or arrange transportation for your foster animal to attend adoption events a minimum of 2 weekend days per month? Yes No

Are you willing to train your foster animal (dog) on how to be a good family member with proper house manners? Yes No

Are you willing to potty train (dog) and/or litter box train (cat) you foster animal? Yes No

How long do you expect a foster animal to remain in your care? _____

Are you willing to actively market and advertise your foster pet? Yes No

Have you ever had any formal training or attending seminars for animal medical care, behavior, obedience training etc.? If yes, explain. _____

Emergency Contact:

Name: _____

Relationship: _____ Phone: _____

References (non-family):

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Are you aware of all State, County and City Animal Control laws concerning minimum required animal shelter, animal care and number of animals per dwelling? Yes No

It is the foster family's responsibility to be familiar with local laws governing domestic animals.

Are you willing to allow HSJC volunteer to come to your home to see where the foster animal will live and complete the required Department of Agriculture Inspection and interview? Yes No

Additional Comments, Skills or Experience: _____
