

The Halifax County Humane Society
PO Box 969
South Boston, VA 24592

DOG APPLICATION FORM FOR FOSTER HOME CARE

Thank you for your interest in fostering a dog from the Halifax County Humane Society. So that we may find the right home for the right dog, we ask that you answer the following questions as completely as possible.

YOUR INFORMATION

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

BEST TIME TO REACH YOU: _____

BIRTHDATE: _____

HOUSEHOLD

Please list the names, ages and relation of all adults in the household:

Please list the names, ages and relation of all children in the household:

DWELLING INFORMATION

What type of housing do you live in? (Apt/Condo, Townhouse, Single Family....)

Do you own or rent?

How long have you resided at this address?

Do you have a fenced in yard? If so, briefly describe it:

If not, how will you exercise the dog?

Have you ever owned a dog before? If so, what particular breeds?

What kind of experience have you had/have with dogs? (dog training, vet tech, groomer, agility, happy pet owner, etc).

Have you ever fostered an animal before? If so, what was your experience?

What pets do you currently own? How long have you owned them?

If you currently own a dog, is it spayed/neutered?

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

Where will the foster dog stay during the day? During the night?

Who will be the primary caretaker of the dog?

Does anyone in the household have allergies?

If there are no children living with you, are there children that visit, for example, grandchildren, children you babysit, etc?

How often do you travel? Are you planning a vacation in the near future?

Have you ever crate trained a dog?

Are you willing to have someone from the Humane Society visit your home for a

home visit?

Are you willing to cover the costs of caring for a foster dog except for medical expenses?

PERSONAL REFERENCE INFORMATION

Please supply names and telephone numbers for 3 personal references, including your veterinarian.

ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.

Signature of applicant:

Date:

FOSTER CARE AGREEMENT

I understand and agree to all information provided to me in my application process. If the animal I foster is on medication I will continue the medication as directed. I will not let the animal out loose by itself. If during the time I am fostering the animal it requires medical attention I will contact the Halifax County

Humane Society first unless it is an emergency. I understand the foster animal is the property of the Halifax County Humane Society and will not sell, trade or dispose of the animal. I understand the importance of my own animals being up-to-date on all standard vaccinations and have provided the Humane Society with a current shot record for each one.

YES _____ **NO** _____

I understand that anyone interested in adopting my foster dog, cat, puppies or kittens (including myself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the Halifax County Humane Society. (Of course we welcome your referrals).

YES _____ **NO** _____

I understand that although the Halifax County Humane Society takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which the Humane Society has asked me to provide care. I indemnify and hold the Halifax County Humane Society free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, my own animals or any third parties by reason of activities arising out of this agreement. I release the Halifax County Humane Society from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

Signature of Foster Parent
Member

Halifax County Humane Society

Date

Dog Release number _____ Cat Release
number _____
Age _____ Sex _____ Name _____
Color _____
Special
needs? _____

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