*Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Hope’s Chest, Inc. Foster Care Program.*

**PERSONAL INFORMATION (Please Print):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to contact you? Phone Email

**HOUSEHOLD INFORMATION:**

How many people are in your household?

* Adults over the age of 21 (including self): \_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Children (under 21): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the household have allergies to dogs? □ YES □ NO

* If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you live in:** HOUSE APARTMENT/DUPLEX CONDO/TOWNHOUSE

**Do you:**  OWN RENT LEASE

* How long have you been at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If renting/leasing, are there pet restrictions? □ YES □ NO

* If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landlord’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landlord’s phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.*

Please tell us about the animals currently residing in your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Gender** | **Breed** | **Spayed/Neutered** |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |

□ I have > 5 pets…please write the remaining pet(s) information on the back of this page.

***\*\*\*Hope’s Chest requires all animals currently residing in your household to be up to date on vaccines. Your may be asked to provide proof of vaccination records. \*\*\****

Describe your yard:

□ No yard □ Unfenced yard □ Partially fenced yard □ Completely fenced yard

What type of fence? □ wood □ chain link □ brick □ other

How high is fence? \_\_\_\_\_\_\_\_\_\_\_\_ How big is the fenced area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a fenced yard, do you agree to keep your foster dog on leash at all times outside? □ YES □ NO

*\*\*All Hope’s Chest foster dogs and puppies must be supervised at all times when outdoors. \*\**

**PERSONAL EXPERIENCE:**

How would you describe your level of experience with dogs? Check all that apply

* Never had a dog
* Had childhood pet dog
* Had one or more as an adult
* Have experience working with on-going medical problems with a personal dog
* Have experience working at a boarding kennel/resort/pet sitting service, etc.
* Have experience working with behavioral problems with a personal dog
* Have experience working in a veterinary hospital
* Have experience with powerful breeds
* Am a professional dog trainer
* Have previous foster/rescue experience. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have experience with: □ small dog’s □ medium dog’s □ large dogs

List specific breeds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What types of dogs are you interested in fostering? *Check all that apply*

* Adult dog
* Puppies
* Mother with nursing puppies
* Unweaned puppies/ “Bottle babies”
* Sick dog/puppy
* Injured dog/puppy
* Dog/puppy with behavioral issues
* Pit Bull/Bully breeds
* Long-term hospice care

How many hours during the AVERAGE day will this dog spend WITHOUT a human? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will this dog be when someone is home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will this dog be when alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will this dog sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What situations do you feel prepared for?**

* Excessive barking
* Destructive chewing
* Not housetrained
* Digging
* Escaping
* Resource (food/toy) aggression
* Shy, fearful, or under socialized dog
* Not good with children

* Not good with other dogs
* Not good with small animals/cat
* Scratching/biting
* Administering medications
* Providing on-going training
* Very high activity level
* Deaf/blind dogs
* Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a preference on:**

Size? □ YES □ NO If yes, please list size preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed? □ YES □ NO If yes, please list breed you prefer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age? □ YES □ NO If yes, please list age preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us anything else you would like us to know to help match you up with the right foster animal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following carefully:**

Hope’s Chest, Inc. determines the criteria for fostering, decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of trained providers. Hope’s Chest foster care volunteers may always refuse any specific request for any reason. Hope’s Chest staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.) and any other expectations we may have.

You will be expected to keep the animal safe and secure, return it to Hope’s Chest when requested to do so and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. Hope’s Chest retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption and placement of the animals fostered.

Hope’s Chest cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. Hope’s Chest does not accept into this program those convicted of violent crimes of crimes involving animal cruelty or neglect. Students seeking credit for school service requirements should speak with Dr. Moseley to discuss the program before proceeding.

The foster parent is responsible for providing all food, bedding, and toys for the animal while it is in their care at home (unless it can be provided by donated items). The foster parent is responsible for transporting the animals to Hope Animal Hospital for their checkups. The foster parent may also be responsible for transporting the animal to and from adoption events, and to off-site training classes. Upon returning your foster animal to Hope’s Chest, you will be required to fill out a brief questionnaire about your foster animal’s behavior and personality.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Hope’s Chest, Inc. takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals’ health, behavior, or actions. I understand that I receive foster animals at my own risk and can decline to accept any animal for which Hope’s Chest has asked me to provide care. I acknowledge that Hope’s Chest, Inc. is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hope’s Chest Inc Representative Date

**Return Application to:**

  
Hope’s Chest, Inc.

Attn: Dog Foster Care Program

1042 Sam Lattimore Rd.

Shelby, NC 28152

Or Email us at: [hopeschestinc@gmail.com](mailto:hopeschestinc@gmail.com)