

HALEYS HAVEN FOSTER APPLICATION

Foster's Information

Name:		DOB:
Street Address:		
City, State, Zip:		
Driver's License #:		State:
Email:		
Phone: (H)	(C)	(W)
Person to contact in case of emergency:		
Name:		Phone:

Living Arrangements

Do you:

- Own Home
- Own Apartment
- Rent Home
- Rent Apartment
- Other

If renting, please provide landlord's name & phone:

Do you have a fenced in yard:

Please list all persons living with you: (if none, write n/a)

Name:	Age:	Relationship:

Is everyone in your home aware that you have applied to foster?

Yes

No

Is everyone agreeable to having a foster at home?

Yes

No

If no, please explain:

Are you currently or have you previously fostered for any other humane organization? If so, which one?

Animal Care

Please list all animals living with you: (if none, write n/a)

Name:	Age:	Breed:	Date of last vaccinations:

Veterinarian Name and Phone #:

Hours per day that foster(s) will be left alone:

During the week:

- Less than 4 hours
- 4-8 hours
- 8-10 hours
- More than 10 hours

During the weekend:

- Less than 4 hours
- 4-8 hours
- 8-10 hours
- More than 10 hours

While left alone, foster(s) will be:

- Individual crate
- Shared crate
- In a restricted area of home
- Free to roam
- Other (please explain)

Do you understand that sometimes a complete history and temperament of a rescue dog may not be known?

- Yes
- No
- I only want to foster a dog with a known history

Are you able to transport foster to vet and adoption events:

- Yes
- No

Do you have any concerns about fostering? If so, please explain

My household is able to foster: (check all that apply)

Cats and Kittens	Dogs and Puppies
Pregnant cat	Pregnant dog
Nursing mother cat and litter	Nursing mother dog and litter
Kittens: 0-4 weeks of age	Puppies: 0-4 weeks of age
Older kittens: 4-10 weeks of age	Older puppies: 4-10 weeks of age
Adult cat	Adult dog
Recovering from injury or surgery	Recovering from injury or surgery
On treatment for a cold	On treatment for a cold
On treatment for ringworm	On treatment for ringworm
Needing behavioral modification	Needing behavioral modification

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, that I am not the rightful owner of the dog and any medical decisions/rehoming decisions will be made by Haleys Haven. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of the foster contract and the foster dog to be returned. Haleys Haven shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer (foster) under this agreement, including claims and damages arising in whole or part from the negligence of Haleys Haven. I agree to notify Haleys Haven of any injuries such as illness, escapes, injuries or any concerns pertaining to my foster as soon as possible.

Signature: _____

Date: _____