



Foster Application

PERSONAL DATA

Name		Spouse or Partner's Name	
Home Address		Apt.	City/State/Zip
Home Phone	Work Phone		Email
Are You: <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending School <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____			

Preferences	<input type="checkbox"/> Dogs <input type="checkbox"/> Puppies <input type="checkbox"/> Nursing mom and litter <input type="checkbox"/> Cats <input type="checkbox"/> Kittens <input type="checkbox"/> Nursing mom and litter <input type="checkbox"/> Rabbits <input type="checkbox"/> Other _____
Special cases	<input type="checkbox"/> Bottle feeding <input type="checkbox"/> Special needs/health issues <input type="checkbox"/> Seniors <input type="checkbox"/> Animals needing socialization <input type="checkbox"/> Other _____
How many can you take care of at one time?	
Are you able to bathe or groom your fosters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you fostered animals before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your experience.

HOUSEHOLD INFORMATION

Where will your fosters live?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____
Would you permit a MHRHS representative to visit your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	If you rent, does your landlord allow animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord's name and contact information	
How many adults in the household?	_____
How many children at home?	_____ List ages here:
Describe the area you will use to care for your fosters	
Can you keep your fosters away from your other pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANIMAL INFORMATION

List below any animals you have owned in the past 5 years (list additional animals on attached sheet):

Type of Animal	Age	Spayed/Neutered	How long did you have the animal?	Do you still have this animal? If not, where is it?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veterinarian's name and phone number				
If there are animals living with you now, have they been vaccinated?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you pay for food and litter?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you transport your fosters for care or vaccinations, etc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you transport your fosters to adoption clinics or to the shelter?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours a day will your fosters be left alone?			<input type="checkbox"/> 1-2 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> 4-6 hrs <input type="checkbox"/> 6-8 hrs <input type="checkbox"/> 8-10 hrs <input type="checkbox"/> Other _____	
Where will you leave your fosters when no one is home?			<input type="checkbox"/> Confined Area <input type="checkbox"/> Basement <input type="checkbox"/> Free run/not confined <input type="checkbox"/> Crate <input type="checkbox"/> Outside in fenced yard <input type="checkbox"/> Outside on chain <input type="checkbox"/> Outside <input type="checkbox"/> Other _____	
Where will you leave your fosters when someone is home?			<input type="checkbox"/> Confined Area <input type="checkbox"/> Basement <input type="checkbox"/> Free run/not confined <input type="checkbox"/> Crate <input type="checkbox"/> Outside in fenced yard <input type="checkbox"/> Outside on chain <input type="checkbox"/> Outside <input type="checkbox"/> Other _____	

The Mohawk & Hudson River Humane Society (MHRHS) reserves the right to deny any application.

By signing this, I affirm that the information contained on this form is true to the best of my knowledge. I give permission to the MHRHS to verify any of this information. Completion of this application does not necessarily guarantee acceptance into the program. (Fosters under the age of 18 must have the approval of their parent or guardian.)

Signature _____ Date _____