



Humane Society of the Palouse Foster Application

In order to be considered a foster home you must: **1)** Be 18 years of age **2)** have a valid id and proof of current address **3)** understand that completing this application does not guarantee foster status or that the Humane Society of the Palouse has approved your application.

What types of pets are you interested in fostering? (Please check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Exotics |
| <input type="checkbox"/> Bottle babies (age 0-5 weeks old) * | <input type="checkbox"/> Kittens/puppies weaning (age 5-8 weeks old) | <input type="checkbox"/> Ill pets* |
| <input type="checkbox"/> Pregnant/nursing moms and babies | <input type="checkbox"/> kittens/puppies needing socialized | <input type="checkbox"/> Senior pets |
| <input type="checkbox"/> Injured pets* | <input type="checkbox"/> Pets on medication trial* | <input type="checkbox"/> Fospice |
| <input type="checkbox"/> Adult pets that need a break | <input type="checkbox"/> Cats with ringworm* | |

“*” Identifies any group of fosters that will require extra care, medication, and more frequent check-ins with HSoP.

Do you have a limit on how many kittens/puppies in a litter that you feel comfortable caring for? _____

Household information: Please print all information

Name(s) _____

Address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Phone number: Primary _____ Work _____

E-mail: _____

Housing (circle all that apply): own / rent / live with parents

house/ condo / apt / mobile on leased land/mobile on owned land

Landlord name: _____ phone #: _____

How long have you lived at this address: _____ Do you have roommates: _____

Are there children living at this address? _____ If yes, what are their ages _____

Are you planning on moving in the near future? _____

Where will your foster(s) be housed? _____

Do you have any unscreened windows, pet doors, or other means of unmonitored outdoor access? _____

Are you familiar with trimming pets' claws? _____ Would you like to learn? _____

Are you willing to provide toys and enrichment to prevent boredom behaviors? _____

Do you own any animals now? _____ Are there other pets in your home that you do not own? _____

Please list all pets in residence:

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

Species: _____ Sex: _____ Fixed: _____ Age: _____ Current on vaccines: _____ Medical issues: _____

If you marked "yes" for medical issues, please explain here: _____

Do you have any experience with fostering that you would like to share with HSoP? _____

Do you understand that fostering is only temporary, and must bring the foster(s) back to HSoP when they are ready for adoption? _____

Is there anything else you would like to tell us about yourself? _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION AND AGREE THAT ALL INFORMATION THAT HAS BEEN PROVIDED BY MYSELF IS TRUE.

Signature _____ Date _____

Would you like to sign up for our quarterly newsletter: _____
Includes updates on our shelter, animals, and life-saving efforts mailed to you January, April, July, and October.

How did you hear about The Humane Society of the Palouse? _____

Application Approved by _____ Date _____