

The Humane Society of the Southeast, Inc.
Foster Program Application

Thank you for your interest in The Humane Society of the Southeast(HSS)foster care program. HSS sincerely appreciates your willingness to allow rescue animals into your home, your family and your daily life, giving them a second chance. The founding members of HSS have years of experience and knowledge in the world of animal rescue and welfare. HSS has developed an insight on the varying temperaments and needs of our rescue animals; helping HSS to find the 'perfect' foster environment(s), as well as their 'perfect' home environment(s). HSS is also a state licensed animal shelter, being regulated by the GA Department of Agriculture, in which HSS is required to follow mandatory foster home standards in order to retain that license. HSS asks for full completion of this application, helping HSS ascertain compatibility with the rescue animal(s) and the potential foster home(s).

Thank you for your cooperation - HSS

Name and Date: _____

Address: _____

Home/Cell Phone #(s): _____

Age: _____ (No person under 18 years of age may foster an animal)

1. List your current pets? (species, sex (spayed or neutered), age)

2. Do any of these pets have health issues - please explain.

3. What are the maintenance preventions you use for your current pets?

4. Name and phone number of your present veterinarian (or recent):

5. Have your pet(s) had experience with other animals in the home? (cats with other cats, dogs with other dogs, etc)

6. In which type of home do you reside?

House – Townhouse – Apartment – Mobile Home – With Parents or Roommates – Other _____

7. Do you **own** or **rent** your current home? Please provide name, address, and phone number of your property manager:

8. Do you have a fenced yard? If yes, what is the material and height of the fencing?

9. Will the animal ever be left outdoors unsupervised? Please explain:

10. Do you own a dog crate/kennel/dog pen? Please explain:

11. Is the household, as a whole, willing to participate in fostering a rescue animal?

12. Are there children in this household? How many and what are their ages?

13. Does anyone in the household have any known allergies to cats or dogs? If yes, are the allergies to cats, dogs or both?

14. How many hours in a day will the foster animal stay alone? _____

15. How are you able to provide the animal with the necessary exercise it will need to thrive? _____

16. If an animal needs special care such as administering medicine, giving medicated baths, etc., are you willing to provide it? _____

17. If your foster animal becomes ill, are you willing to continue fostering that animal?

18. Are you able to quarantine the animal for the mandatory 2 weeks from your other pets? _____

19. Are you committed to fostering the animal until he/she has a successful adoption?

20. Are you available to transport the animal to:

a. an HSS specified veterinarian for routine exams-spay/neuter or illness? _____

b. adoption events (minimum of 2x per month)? _____

21. Please explain your experience (or education) with respect to the handling of dogs, specifically training (housetraining, leash walking, etc.) and behavioral issues such as separation anxiety, barking, aggression (defensive and offensive), digging, etc.

22. Please select the type and number of animals you would prefer to foster at any one time.

Dog #: _____

Puppy #: _____

Cat #: _____

Kitten #: _____

Litter #: _____

Dog with litter #: _____

Cat with litter #: _____

Please note: if the litter is large, normally we separate the litter among fosters once weaned or if needed due to health reasons.

Thank you for your patience in completing this application.

Applicant's signature: _____ Date: _____

I, _____, a HSS representative has reviewed this application and approve the applicant's fostering of the following type/number of:

HSS representative: _____ Date: _____