



1661 Nicholas Road, Dayton, OH 45417 | Phone: (937) 268-7387 | Fax: (937) 267-5227

Foster Parent Application Please fill out entire application and sign.

Name: _____ Home Phone: _____
 Cell/Work Phone: _____ Email: _____
 Occupation: _____ Do you work: **Full-time • Part-time • Other:** _____
 Spouse/Roommate Name(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Housing Status: **Own • Rent • Other:** _____ If you rent, do you have permission to foster? _____
 Landlord's Name: _____ Phone: _____

Please list ALL pets currently in your household (use back of application if necessary):

	Name	Species	Breed	Age/Sex	Spayed/Neutered	Vaccines Up to Date	Indoor/Outdoor
1				/			
2				/			
3				/			
4				/			
5				/			

Are your pets on monthly flea prevention? _____ If no, why not? _____

Veterinarian's Name: _____ Phone: _____

Number of adults in your home: _____ Is at least one adult 21 years or older? _____

Number of children in the home: _____ Ages: _____

Is everyone in the home in agreement with fostering a rescued animal? **YES • NO**

Do you have any foster experience? _____ If so, for what organization? _____

Have the children been around animals regularly? _____ Are there any known animal allergies? _____

Will anyone outside your home be helping? Please explain.

Do you have a completely fenced in yard? **YES • NO** What fence type? **Chain Link • Privacy • Other** How tall? _____

How many hours per day can you dedicate to your foster animal? _____ How long will the animal(s) be regularly alone? _____

How would you describe your home? **Quiet • Average • Busy**

Would you object to an inspection of your home and/or yard? _____ If yes, why? _____

Would you object to a background check? _____ If yes, why? _____

Will you be able to keep your foster animals separate from your own pets? **YES • NO** Can you give medications if needed? **YES • NO**

Can you bring fosters in to HSGD for vaccines every 2 weeks? **YES • NO** And if an emergency occurs? **YES • NO**



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Which species are you interested in fostering? **Circle all that apply:**

DOGS (6 months & up) • **PUPPIES** (6 months & under) • **CATS** (6 months & up) • **KITTENS** (6 months & up) • **RABBITS** • **SMALL ANIMALS** (Guinea pigs, hamsters, birds)

What age foster animals are you comfortable caring for? **Circle all that apply:**

Bottle Babies: Prefer • Able • No

(Puppies & kittens from birth to 6 weeks of age with no mother)

Underage: Prefer • Able • No

(Puppies & kittens from 6-8 weeks old and eat on their own)

Mother: Prefer • Able • No

(Mother is kept with puppies or kittens until at least 8 weeks old)

Ill/Injured: Prefer • Able • No

(Animals that need medication to be healthy for adoption)

How many animals are you comfortable caring for at one time? _____

How experienced do you feel caring for an animal? **No Experience** • **Some Experience** • **Very Experienced**

How experienced do you feel providing medical care? **No Experience** • **Some Experience** • **Very Experienced**

Why do you want to foster for HSGD?

How did you hear about the HSGD foster program?

Social Media • **Internet Search** • **Media news** • **Event** • **Adopted an HSGD animal** • **Other:** _____

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Home visit needed? **YES** • **NO** If yes, why? _____

Visit completed by: _____ on _____

Foster parent application approved by: _____ on _____

Foster parent application rejected by: _____ on _____ Due to: _____

Foster training scheduled on: _____ Completed on: _____ by _____