



Foster Care Application

Thank you for your interest in fostering an animal. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals.

Your full name: _____

Street Address: _____

City, State, Zip: _____

Phone Number (please list all we can use): Daytime: _____

Evening: _____ Cell: _____

E-mail Address: _____

Please answer all of the questions to the best of your ability.

Type(s) of animals you are interested in fostering? Check all that apply.

Cats Kittens Dogs Puppies Critters Other (Specify) _____

Have you fostered animals before? No Yes

If not, what experience have you had with animals that would be helpful in fostering? _____

Do you have any experience training and working with dogs/cats behavioral issues? No Yes

If yes, please describe: _____

How long will you be able to foster this animal? (Example: 1-2 weeks or until the animal is adopted)

Do you have any breed size or preference to foster? Please list: _____

Do you agree to contact us if you can no longer be a foster home? Yes No

Your Animals

Please list the pets you **currently** own and/or are living at your residence:

Type of Pet (Cat/Dog etc) Age Sex Spayed/Neutered Time Owned

List Breed Also

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where are they kept? Indoors Outdoors Both If cat(s) are they declawed? Yes No

Are your animals current on their shots? Yes No

List Veterinarian; _____ Phone # _____

Address: _____ City: _____

Your Residence

Type of home: House Apartment Other – Specify

If you rent, provide landlord’s name, address, phone numbers. If there are restrictions such as size etc. please list:

Number of people living in the home (include yourself): _____ Number of people under 21 yrs of age: _____

If children under 21 please list age(s): _____

Are you prepared to supervise your children when they interact with this animal? Yes No

Does any member of your household have allergies? Yes No

Because so many shelter dogs have unknown medical histories, the Humane Society of Ottertail County recommends you do not immediately expose your existing pets to your newly fostered pet. Discuss with your veterinarian the advisability of a quarantine period.

Will you be able to keep the foster animals away from your own if necessary? (This usually applies to cats needing medical care) Yes No

Where do you plan to keep your foster animals? (include while home and away) _____

What will you do to find your foster animal if it becomes lost? _____

Please list the type of pets you have previously owned (in the last 5 years):

Type of Pet (dog/cat etc. Include breed)	Length of Ownership?	Where pet is now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Yard

Where will this dog spend most of its time? Indoors Outdoors In & Out

How much time will this dog spend outside? _____

Do you have a fenced yard? Yes No If "yes" please list type : _____

If no, do you have a kennel area? Yes No

If you have none of the above, how do you plan to keep this dog confined to your property?

Where will the dog sleep at night? _____

All animals will need time to adjust to a new family and may require housetraining and behavior training to correct problem behavior.

Are you prepared to work on these behaviors while fostering the animal? Yes No

Information regarding the history, health and behavior of fostered animals may not be available or accurate.

What behavior will you be unwilling to work with? _____

What reasons might cause you to return this pet? _____

Can you accept the fact that some animals will not survive or may have to be euthanized and that decision is up the the Humane Society of Otter Tail County (HSOTC) staff? Yes No

Do you understand that anyone interested in adopting your foster animal(s) (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up the the HSOTC Staff? (We welcome your referrals) Yes No

We will provide a 24 hour notice to you, when we need the animal back at the shelter for a potential adopter.

I have answered the questions above truthfully and completely. I understand that although HSOTC takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the health of an animal, behavior, or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which HSOTC has asked me to provide care. I indemnify and hold HSOTC free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Foster Applicants Printed Name: _____

Foster Applicant's signature: _____

Date: _____