

Foster Application



First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail Address: _____ Occupation: _____

Do you *own* or *rent*?: _____ Landlord's Name & Phone: _____

Type of Dwelling?: House Two family house Apartment Other: _____

Your home has: 1 story 2 stories

Of adults in household: _____ # of Children: _____ Ages of Children: _____

Why are you interested in fostering? _____

Do all members of your household want to foster a dog or cat, explain?: _____

Have you ever fostered in the past?: _____ For what organization?: _____

Organization's contact information: _____

Please explain your fostering experience/history: _____

Do you have any experience with animals with behavioral issues, medical issues, or are considered special needs? _____

Does anyone in your household have a fear of cats or dogs, explain?: _____

Does anyone in your household have an allergy to animals?: _____

Please list your current pet/s

<i>Species & Breed</i>	<i>Owned how long?</i>	<i>Age</i>	<i>Sex/ Altered?</i>	<i>Rescue or purchased? Where?</i>	<i>Kept indoors or outdoors?</i>

Do your pets get along with other animals?: ____ If so, who do they get along with?: _____

Are your pets up-to-date on vaccines?: Yes No

If you have dogs: Where do they sleep at night?: _____

If you have cats: Are they declawed?: Yes No If yes, please explain why: _____

Have they been tested for FIV and FELV?: Yes No If yes, what were the results: _____

Do any of your animals have any health problems? _____

Where will your foster be kept at night or when you are out?: _____ Do you have an area to keep your foster cat or dog separate? _____ How many total hours will your foster be left alone? _____

Please check off the following, and circle 'cat' or 'dog' depending on your interest:

- a) ____ cat or dog with a treatable medical condition
- b) ____ cat or dog who needs socialization
- c) ____ cat with a litter box issue
- d) ____ dog with behavioral issues (In home training provided)
- e) ____ cat or dog in need of hospice
- f) ____ bottle babies (Training provided)
- g) ____ nursing mom and kittens

When will you be ready to foster?: _____ Do you have a time limit on fostering?: _____

Do you agree to return your foster dog or cat to our facility immediately upon request? _____

References:

Veterinarian's Name / Hospital / Phone #: _____

Please provide names & phone number of two NON- RELATED personal references:

- 1) Name: _____ Phone Number: _____
- 2) Name: _____ Phone Number: _____

The Town of Hempstead Animal Shelter reserves the right to accept or deny any application based solely on their discretion. Further, providing false information and/or failure of the foster to abide by any rules and regulations imposed by the shelter will result in immediate disapproval or termination of the applicant being a foster. You are also agreeing not to foster through any other organizations while fostering one of our animals. Please sign below to show you understand and agree that the dog remain the property of the Town of Hempstead Animal Shelter while they are in your home.

Print Name: _____

Signature: _____ Date: _____

**The Town of Hempstead Animal Shelter
Foster Department
3320 Beltagh Avenue, Wantagh, NY 11793
foster@tohmail.org
516.785.5220 ext. 4611**

Please submit completed applications by; submitting this online fillable form, email this form to the Foster Department, or by stopping by our Shelter.