



Foster Care Application
 The Humane Society for Hamilton County
 1721 Pleasant Street
 Noblesville, IN 46060
 Phone (317) 773-4974
 Fax (317) 773-2131

PLEASE FILL OUT THIS APPLICATION COMPLETELY		
Name:	Date:	
Address:	City:	
Zip:	Phone:	Other Phone:
Fax:	Email:	Occupation:

What types of fostering are you willing to consider? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Dogs
<input type="checkbox"/> Cats
<input type="checkbox"/> Other | <input type="checkbox"/> Recovering from surgery or illness
<input type="checkbox"/> Pregnant Mom & kittens/puppies
<input type="checkbox"/> Orphaned kittens/puppies
<input type="checkbox"/> Feral or scared kittens/puppies
<input type="checkbox"/> Heartworm positive |
|--|--|

After the animal(s) no longer needs fostering you plan to:

- Return the animal(s) to the HSHC for adoption
- Unsure
- Adopt this animal(s) and no longer foster

TELL US ABOUT YOUR HOUSEHOLD	
Do you own or rent?	Apartment, Condo or House?
If renting, have you discussed fostering an animal with our landlord?	
Landlord's Name:	Phone #:
How long at this address?	Are you planning to move any time soon?
Are there any pet restrictions in your lease or homeowner's association covenants?	
Including you, how many other people live in your home?	
Of this number, how many are children?	Their ages are:
The activity level in my home is (circle one):	<input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Very Active
Do all members of your household know you want to foster a pet?	
Is any member of your household allergic to animals?	
Is this your first experience with a pet?	
Do you have a way to keep the foster separate from other pets in the house?	

Have you fostered before?	If yes, when and where:
Do you have a fenced in yard?	
If not, how will you keep the foster animal confined to your yard?	
Who will be the primary caretaker of this foster animal?	
How long each day will the foster animal be alone:	
Where will the foster animal be kept during the day?	
Where will the foster animal be kept at night?	
What do you plan on doing with the foster animal if you go on vacation?	
How much time each day can you spend with the foster animal(s):	
What supplies do you need (i.e. crate, litter box, food, bottle, etc):	
TELL US ABOUT YOUR PETS	

Breed: _____ Age: _____ Sex: _____ Spayed/Neutered (Y/N): _____

Breed: _____ Age: _____ Sex: _____ Spayed/Neutered (Y/N): _____

Breed: _____ Age: _____ Sex: _____ Spayed/Neutered (Y/N): _____

Are all of your pets current on their vaccines? _____

What vet do your pets go to? Name _____ Phone number _____

Please read and initial:

_____ This animal is a foster and belongs to The Humane Society for Hamilton County.

_____ If you decide you want to adopt this animal you understand that there will be an adoption fee which you will be responsible for paying.

_____ The adoption will not be complete until all adoption paperwork is completed, the animal is microchipped, the adoption application is approved and the adoption fee is paid.

_____ The Humane Society for Hamilton County cannot guarantee the health of any animal. Even though an animal appears healthy there is still a chance it has been exposed to something at the shelter and could get sick later. Please keep fosters separate from family pets for a few days to ensure they are healthy.

_____ Should this animal need medical treatment or supplies you need to contact The Humane Society for Hamilton County to get permission to take the animal to one of our participating vets. If you fail to do this we cannot guarantee reimbursement for any money you pay out of pocket.

_____ We appreciate you trying to find your foster a permanent home while they are in your care but please note that before the animal changes hands any potential adopters will have to complete an adoption application and have the adoption approved.

_____ The Humane Society for Hamilton County appreciates you calling in advance to schedule an appointment when bringing your foster animals in for vaccines, check ups, or return.

Please call (317)773-4974 if you have any concerns about your foster animal or if you need to schedule vaccines, check ups or the return of your foster.

I certify that all of the above information is true, and I understand that giving false information or leaving out pertinent information is grounds for denial. I understand that The Humane Society for Hamilton County has the right to deny a foster at anytime for any reason.

Signature of applicant: _____ Date _____

Application Reviewed by: _____ Date _____