



# HSCC Foster Application

*You must be at least 19 years of age to fill out this application.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What type of animal(s) are you interested in fostering? (Please check all that apply.)

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Dogs                     | <input type="checkbox"/> Cats                     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Puppies                  | <input type="checkbox"/> Kittens                  |                                |
| <input type="checkbox"/> Nursing Dog with Puppies | <input type="checkbox"/> Nursing Cat with Kittens |                                |

How did you hear about our program? \_\_\_\_\_

House \_\_\_\_\_ Apartment \_\_\_\_\_ Duplex \_\_\_\_\_

If you rent, we will need to verify your landlord's pet policy.

Landlord's name and phone # \_\_\_\_\_

Number of adults in home: \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Have you ever fostered an animal before? \_\_\_\_\_ If yes, what type(s): \_\_\_\_\_

Do you have a separate room to keep a foster animal in at your home? \_\_\_\_\_

**\*Please note, to foster kittens and/or cats you MUST have a separate room in which to keep them.**

If fostering a dog, do you have a fenced yard? \_\_\_\_\_ What type and how high? \_\_\_\_\_

Have you or a family member ever been convicted of ANY animal related misdemeanor or felony offence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

How long are you able to foster an animal? \_\_\_\_\_

Are you willing and capable of giving medication if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

What hours are you home to provide animal care? Is someone home during the day? \_\_\_\_\_

Are you able to leave work to tend to them during the day? Yes \_\_\_\_\_ No \_\_\_\_\_

Where will the animals be kept in your home? (Day/Night)

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Describe the location and flooring: \_\_\_\_\_

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When would be the best time for our Foster Coordinator to come and observe where the animals will be kept? \_\_\_\_\_

**\* Home visits are required before approval.**

Please list all current animals in your home.

Name	Breed	Age	Gender	Spayed/Neutered?

We will need to verify that ALL of your animals are current on their vaccinations.  
Please list your veterinarian's name and phone number so we can contact them:

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What are they vaccinated against? \_\_\_\_\_

I certify that the above information is true, and that I have read the information regarding the requirements and responsibilities of being a foster parent, and feel capable for performing these duties.

I understand that there may be expenses involved in fostering, and will abide by the guidelines set forth by Humane Society of Catawba County for reimbursement of certain expenses. I further understand that there is a danger inherent in handling animals, and that I agree to hold harmless and indemnify Humane Society of Catawba County from any injuries or loss sustained by me or others, which may be caused by the animal(s) I am fostering.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_