Humane Society of Morrow County Foster Home Application

16 S Main St.
Mount Gilead, Ohio 43338
Telephone:419-947-5791
www.hsofmc.org

Thank you for your interest in fostering one of our animals. We would appreciate your answers to the following questions so that we can make the best possible match for you, your family, your lifestyle, and the animal. It is very important to us that we find the correct foster home for each dog. All information will be treated as confidential. Submission of this application does not guarantee that you will b able to foster an animal. An incomplete application or the misrepresentation of any facts on this application is grounds for refusal.

Please note processing Foster Home Applications may take 7-10 business days. You will be contacted once your application has been processed and reviewed.

Instructions:

Please complete and submit a Foster Home Application as the first step in the fostering process. Potential foster parents will be permitted to set up a meeting with the selected rescue animal by contacting the Adoption/Foster Coordinator who will schedule a mutually agreeable time and place for the meeting.

You may print and return by land mail, the completed and signed foster home application to:

Humane Society of Morrow County
16 S Main St.
Mount Gilead, OH 43338

Or, you can e-mail the completed and signed adoption application to:

adoptfoster@hsofmc.org

Today's Date_____

Personal Information

Your Full Name:_____

Your Spouse's Full Name:_____

Address:_____

City: _____ State: _____ Zip:_____

County: _____

Phone (Home): _____ Phone(Work): _____

E-mail Address: _____ Date of Birth: _____

Employer: _____ What hours do you work? _____

Your spouse's employer? _____ What hours? _____

Please list the names and ages of all people residing in your household

Name	Age

Does anyone in your family have pet allergies? If yes, please explain:

Your Home and Yard:

Do you live in: a house: ☐ apartment: ☐ a condo: ☐ other: ☐

If other, please describe:

Do you: own: ☐ rent: ☐

How long have you resided at your current address? _____

If under 2 years, give your previous address:

Address:	
City:	
State:	
Zip code:	

What type of area do you live in? city: ☐ suburban: ☐ rural: ☐

If you rent, does your rental agreement permit animal or pets? yes:☐ no:☐

If landlord permits animals is there any weight limit? yes:☐ no:☐
If yes, please indicate the weight limit: _____

If you rent please list the landlord's contact information (<u>required</u>):

Name:	
Address:	
City:	
State:	
Zip code:	
Telephone Number:	

Is your property (yard or pasture) fenced? yes☐ no☐

What is type and if applicable, the approximate height of the fencing:

Do you have a pool? yes☐ no☐

If yes, is your pool fenced? yes☐ no☐

Care and Training of the Animal:

Are you and your family members willing to work with a foster animal on any issues that the animal may have? yes☐ no☐

What type of animal are you interested in fostering? _____

What size of animal can you accommodate? _____

Can you foster special need animals? yes:☐ no:☐

If yes, describe types of special need animals that you are willing to foster:

Where will the foster animal sleep at night?

Can you do training? yes:☐ no:☐ For what type of animal?

_____

What is your experience with training?

What is your experience with animal socialization?

What is your experience with housetraining a dog?

What is you experience with sick or injured animals?

Please tell us a little about yourself, why you want to foster an animal and why you feel you could provide a good foster home for an animal.

Your Other Animals:

Are your current animals current on applicable vaccinations? yes☐ no☐

Please list all animals you have owned in the last ten years that you no longer have:

Name	Type of Animal	Age	Sex	Spayed/ Neutered	Indoor or Outdoor?	What happened to the pet? (Please be specific)
			male☐ female☐	yes☐ no☐	in☐ out☐	
			male☐ female☐	yes☐ no☐	in☐ out☐	
			male☐ female☐	yes☐ no☐	in☐ out☐	
			male☐ female☐	yes☐ no☐	in☐ out☐	

Please list any current pets that you own:

Name	Type of Animal	Age	Sex	Spayed/ Neutered	Heartworm Preventive	Last Vaccination (Mo/Yr)	Flea Preventive	Indoor or Outdoor?
			male☐ female☐	yes☐ no☐	yes☐ no☐		yes☐ no☐	in☐ out☐
			male☐ female☐	yes☐ no☐	yes☐ no☐		yes☐ no☐	in☐ out☐
			male☐ female☐	yes☐ no☐	yes☐ no☐		yes☐ no☐	in☐ out☐
			male☐ female☐	yes☐ no☐	yes☐ no☐		yes☐ no☐	in☐ out☐

Name and telephone number of your Veterinarian:

Name:	
Telephone Number:	

May we call your Veterinarian and ask how you take care of your animals? yes☐ no☐
If no, why not?

If you do not currently have an animal, how long since you had one? _____

Other Information:

How did you hear about us?

Have you ever applied to foster an animal from us? yes☐ no☐
Which animal? _____

Will you allow us to periodically visit your home? yes☐ no☐
If no, why not?

Do you agree to return the animal to HSofMC if you can no longer foster it? yes☐ no☐

Do you agree that if you foster an animal and we learn that you are not meeting our standards on caring for him/her, that you will return the animal to us immediately? yes☐ no☐

Personal References:

Please list two (2) non-relatives who have known you for at least 2 years. Please, no work telephone numbers.

1. personal reference:

Name:	

Address:	
Telephone Number:	
Relationship:	

2. personal reference:

Name:	
Address:	
Telephone Number:	
Relationship:	

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt and that you reserve the right to reject any applicant. I authorize you to verify any and all information set forth in this application and to contact my personal references.

NOTE **** **Without your signature we cannot process this application.**

Signature _____ Date _____

PLEASE BE SURE TO CONTACT YOUR VETERINARIAN AND LET THEM KNOW WE WILL BE CALLING. WITHOUT YOUR CONSENT, YOUR VETERINARIAN CANNOT RELEASE INFORMATION TO US.