



Foster Application

Contact Information:

Name: _____ Spouse/Partner/Roommate: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Driver's License Number _____ State: _____

Home: _____ Cell: _____ Work: _____

Date of Birth: _____ Are you at least 21 years of age? Yes No

Emergency Contact _____ Phone _____

Home Environment:

Type of residence: Apartment House Condo Town Home Mobile Home Other _____

Do you: Own Rent

Landlord _____ Phone _____ Is there a pet deposit? Yes No

Is anyone in your home allergic to animals Yes No

How many people live in the home: _____ How many are children: _____ What are their ages? _____

Do you live with your parents, grandparents et.? Yes No

Is everyone in your household in agreement to foster pet(s)? Yes No

How many hours will your foster pet be left alone? _____

Where will pet be **when left alone**: Crate Loose in House Bedroom Bathroom Garage Outside

Where will foster pet be kept during the day? _____ At night? _____

Do you have a fenced yard? Yes No Height? _____ Type? _____

Are there any holes in the fence where the pet could escape? Yes No

Are there any other pets in the home? Yes No If yes, how many? _____

See other side.

Please list all current pets residing in your home.

Name of pet	Type/Breed	Age	Sex	Spayed or neutered?	Shots up to date?	HW/Flea/tick preventative?	Do you still have this pet?

Who is your veterinarian? Name: _____ Phone: _____

Your vet will be contacted. Do you agree to this? Yes No

What will you do if your foster pet demonstrates destructive behavior?

Do you understand that your foster may not be house-broken or know basic commands? Yes No

GHHS tries to help you select the foster that would best fit your home and lifestyle. Please check your preference(s):

- Adult Dog Adult Cat Mom & kittens Mom & puppies Bottle feeding kittens Bottle feeding puppies

Please provide 1 family reference and one non-related reference.

Legal Agreement

I understand that GHHS has the right to inspect my home and meet other pets in household. INITIAL _____

I understand that the foster animals remain the property of GHHS. INITIAL _____

I agree to contact GHHS immediately if my foster becomes ill, dies or runs away. INITIAL _____

I agree to return the foster pet at the end of the foster period and bring the pet to GHHS for all treatments and for spay/neuter surgery if needed. INITIAL _____

I certify that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Approved _____ Denied _____ Approval pending _____ SB# _____

Staff initials _____ Date _____