

Rita B. Huff Adoption Center
Foster Care Application

Name: _____ Date: _____

Are you over 18 years old? Yes No

Address: _____ City/State/Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail: _____ DL#: _____

Do you own or rent the place where you live? : _____ If you rent, are animals allowed? _____

If there are restrictions on animals, explain: _____

If you rent or reside in another person's home, provide their name and telephone number:

Number of children in your household: _____ Their ages: _____

Do you have a yard? YES NO Is the yard completely fenced? YES NO

Circle option that describes your normal day: Home all day Out part-time Gone 7-10 hrs daily

Indicate pets currently living with you: _____ DOGS _____ CATS _____ BIRDS _____ OTHER

Name of your veterinarian: _____

Are your pets: _____ Indoor only _____ Outdoor only _____ Both

Are your pets current on their vaccinations? _____

Are all your pets spayed/neutered? YES NO

If no, please explain: _____

What type of animal(s) would you like to foster?

- | | | |
|---|-----|----|
| • Young unweaned kittens without a mom | YES | NO |
| • Young unweaned kittens with mom | YES | NO |
| • Weaned kittens | YES | NO |
| • Adult cats | YES | NO |
| • Young unweaned puppies without a mom | YES | NO |
| • Young unweaned puppies with mom | YES | NO |
| • Weaned puppies | YES | NO |
| • Adult dogs | YES | NO |
| • Pocket pets [ferret, hamster, gerbil, etc.] | YES | NO |
| • Rabbits | YES | NO |
| • Other [specify _____] | YES | NO |
| • Sick or injured pets | YES | NO |

How long are you willing to foster at any one time: _____

Are you willing to foster more than one animal at a time? YES NO

Any foster pet you take needs to get along with: _____ DOGS _____ CATS _____ KIDS

Where will the foster pet be kept? [indicate "day" with "D" and "night" with "N"]:

- | | | | |
|---------------------|------------------------|----------------------|------------------------|
| _____ Loose Indoors | _____ Basement | _____ Garage | _____ Closed in a room |
| _____ Fenced yard | _____ Pen [____x____] | _____ Loose outdoors | |
| _____ Tied outside | _____ Crate or Carrier | Other: _____ | |

Have you cared for young, unweaned puppies or kittens before? YES NO

If yes, explain: _____

Have you ever given medication to sick animals before? YES NO

If YES, explain: _____

IF NEEDED, are you willing to provide food and litter at your own cost for foster pets? YES NO

Have you fostered an animal before? YES NO

If yes, what organization did you foster for? _____

I, _____, make the above statements and voluntarily enter into the agreement to provide a temporary home as a foster caregiver to any animals RBHAC may temporarily place in my care.

Applicant Signature: _____ Date: _____

RBHAC Staff Signature: _____ Date: _____