



Email our Care Team
Care@HeritageHumaneSociety.Org
 757-221-0150

Your Name _____ Phone (H) _____

Address _____ Phone (C) _____

City _____ State _____ ZIP _____ Do you receive text messages? Yes No

*Email Address _____

What kind(s) of animal(s) are you willing to foster? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Unweaned Kitten | <input type="checkbox"/> Unweaned puppy |
| <input type="checkbox"/> Kitten eating on its own | <input type="checkbox"/> Puppy eating on its own |
| <input type="checkbox"/> Cat or Kitten needing medications | <input type="checkbox"/> Dog or Puppy needing medications |
| <input type="checkbox"/> ONLY declawed kittens or cats | <input type="checkbox"/> ONLY housebroken puppies or dogs |
| <input type="checkbox"/> Pregnant or Nursing cats | <input type="checkbox"/> Pregnant or Nursing dogs |

- Hospice or other long term cases that might otherwise be considered unadoptable
- Relief care, short term housing usually for Adult animals when shelter space is unavailable
- Behavior assessment / modification
- Other _____

Animals that are sick or too young for adoption must be re-evaluated for adoptability upon return to HHS.
 Are you comfortable taking foster animals that may not make it to the adoption floor? Yes No

How long are you willing to foster a particular animal? _____

For Kitten/Cat Fostering:

Will you be able to keep the fostered kitten or cat inside your home at all times? Yes No
 Would you be available to bring a fostered cat or kitten in for weekly check ups? Yes No

For Puppy/Dog Fostering:

Are you prepared to clean and care for dogs or puppies that are Not housebroken? Yes No
 How many hours a day will the animal be left alone? _____

Confinement:

Where will the animal stay...
 - when you are home? _____
 - when you are Not at home? _____
 - at night? _____

Is there a fence on your property? Yes No

If Yes, Please Describe _____

If No, What access will a dog or puppy have to the outside?

Leash walk only Chain Free run Other (specify) _____

Members of Household: List all human members of your household and ages of those **under 18**.

Who will be the primary caretaker of the fostered animal? _____

Please specify any pets currently in your household.

Dogs

How many? _____

Are they Altered? Yes No

Are they Vaccinated? Yes No

Dog/Cat friendly? Yes No

Housed Indoors or Outdoors? _____

Other _____

Cats

How many? _____

Are they Altered? Yes No

Are they Vaccinated? Yes No

Dog/Cat friendly? Yes No

Housed Indoors or Outdoors? _____

Do we have permission to contact your veterinarian? Yes No

Who is your veterinarian or clinic? _____

Type of Residence: Own Rent

Mobile Home Apartment House Other (describe) _____

Do you object to us checking your property? Yes No

For Renters:

Landlord's/complex's name and number _____

Please list some friends or neighbors as references:

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

Please List any additional experience, history or special interest you have in fostering

Have you ever been convicted of animal cruelty, neglect, or abandonment? Yes No

Signature _____ **Date** _____

HHS Agent _____ **Date** _____