

**Angels of Hope Animal Rescue Inc.**

**Foster Care Application**

**Personal Information**

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

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

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

Do you reside in town \_\_\_\_\_ on a farm/acreage \_\_\_\_\_

Do you rent your home: Yes No If yes, please provide your landlord's name and phone number: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Do you use text messages: Yes No

Facebook Name: \_\_\_\_\_ Do you use Facebook Messaging: Yes No

Have you ever owned: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

Are there children in your home: \_\_\_\_\_ If yes, what are their ages: \_\_\_\_\_

How many adults reside in your home: \_\_\_\_\_

Does anyone living in your home have allergies: \_\_\_\_\_

Do you own a vehicle: Yes No

Are you willing to transport the animal:

To all veterinary care appointments: Yes No

To meet potential families: Yes No

To other organized Pet Days: Yes No

Do you work: Fulltime Parttime Shiftwork How many hours will the animal spend alone during the day? \_\_\_\_\_ Where will the animal spend this time? \_\_\_\_\_

Do you currently have pets: \_\_\_\_\_

Type:\_\_\_\_\_ Breed:\_\_\_\_\_ Sex:\_\_\_\_\_ Age:\_\_\_\_\_ Spayed/Neutered/Vaccinated

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What type of animal are you willing to foster:

Adult Large Dog \_\_\_\_\_ Adult Medium Dog \_\_\_\_\_ Adult Small Dog \_\_\_\_\_

Puppy Large \_\_\_\_\_ Puppy Medium \_\_\_\_\_ Puppy Small \_\_\_\_\_

Mom & Litter Pups \_\_\_\_\_ Litter of Pups \_\_\_\_\_ Minor Medical Issues \_\_\_\_\_

Adult Cat \_\_\_\_\_ Kitten \_\_\_\_\_ Mom & Litter of Kittens \_\_\_\_\_

Litter of Kitten \_\_\_\_\_

### Experience

The following questions help us assess your experience with animals so that we can make every effort to place an appropriate foster in your home. You do not need experience in all or any of these areas to be approved. We ask that you be completely honest to better aid us in matching our animals with you.

Have you had experience in any of the following:

Crate Training \_\_\_\_\_ Obedience training \_\_\_\_\_ Whelping a litter \_\_\_\_\_

Pet Therapy \_\_\_\_\_ Modifying behaviour issues \_\_\_\_\_ Litter/Pad Training \_\_\_\_\_

House Training \_\_\_\_\_ Caring for minor injuries \_\_\_\_\_ Leash Training \_\_\_\_\_

Livestock Training \_\_\_\_\_ Grooming \_\_\_\_\_

Please list any experiences you feel will be beneficial while fostering: \_\_\_\_\_

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Length of time you are willing to foster?

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Check what type of confinement you can provide: Crate \_\_\_\_ Fenced Yard \_\_\_\_ Height of fence \_\_\_\_\_ Kennel/Run \_\_\_\_ Size of Run \_\_\_\_\_ Other \_\_\_\_\_

What circumstances would force you to return a foster animal in your care? \_\_\_\_\_

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Do you feel that you can provide a routine and the necessary basic training in a positive manner? This may include but is not limited to: teaching basic manners, basic obedience, solving a problem behaviour, instilling confidence in a shy animal? Yes No

### **Veterinary Reference**

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

Veterinary Phone Number: \_\_\_\_\_

Animals they have on file under your name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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### **Personal Reference**

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

Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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Would you be willing to let a representative from Angels of Hope Animal Rescue Inc. come to your home for a home visit by appointment? Yes No If No, why? \_\_\_\_\_

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I understand and agree that I am volunteering my time and services to Angels of Hope Animal Rescue Inc. At no time will I be compensated for either my time or services by Angels of Hope Animal Rescue Inc. I also understand that I may be refused or removed from this position at any time by the executive members of Angels of Hope Animal Rescue Inc.

I understand that I will be fostering animals that might have behaviour problems or anxiety issues. I will take full responsibility for bringing this animal into my home. I understand that I am responsible for any damages incurred. Angels of Hope Animal Rescue Inc. will be honest and forthcoming about any issues we are aware of, but do not always know everything about the animal. Angels of Hope Animal Rescue Inc. makes every effort to place our animals in the appropriate foster home.

All of the above information is true and complete. I understand that it is my decision whether or not to foster any particular animal. I will not hold Angels of Hope Animal Rescue Inc. responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any animal I agree to foster or volunteer my time to help.

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

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

Thank you for volunteering to become a foster home for Angels of Hope Animal Rescue Inc. An executive member will be contacting you shortly after receiving your application.

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Angels of Hope Animal Rescue Inc. Representative Signature