



hahumanesociety.org

“Be a voice for those who cannot speak”

651-448-0396

### Application for Foster Care Approval

Name: \_\_\_\_\_ Day phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening. phone: \_\_\_\_\_  
\_\_\_\_\_ IMPORTANT: need e-mail, also: \_\_\_\_\_  
\_\_\_\_\_

What type of animal are you interested in fostering?

\_\_\_\_\_  
\_\_\_\_\_

What ages and conditions would you like to work with? (For example: puppies, older animals, pregnant animals, recovering animals?)

\_\_\_\_\_  
\_\_\_\_\_

Please list your household family members and their ages:

_____	_____
_____	_____
_____	_____
_____	_____

Please list all the animals you currently live with. Include species, gender and whether or not they are spay/neutered.

Name:	Species:	Gender:	Spayed/Neutered?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly described how your pets are housed:

\_\_\_\_\_  
\_\_\_\_\_

Who is your own family veterinarian? \_\_\_\_\_

Have you fostered for or worked with any animal welfare organizations in the past? \_\_\_\_\_

If so, which one(s) \_\_\_\_\_ When: \_\_\_\_\_

In what capacity? \_\_\_\_\_ How long? \_\_\_\_\_

Please read the following paragraph carefully and then answer the accompanying questions:

The Hiawatha Animal Humane Society will determine the criteria for fostering, decide which animals will be fostered, and appoint foster care providers from the approved list. Approved foster care providers may always refuse any specific request for whatever reason. Hiawatha Animal Humane Society will inform you of any medical treatments to be given, the expected length of foster care needed, the objectives of the care (restoring to health, rearing to adoptable age, etc.) and any other expectations relevant. As a foster care provider, you are expected to keep the animal safe and secure and to return it to the Humane Society if requested. You, as the foster care provider will act as an agent for the Humane Society in the placement of the animal in your care and if you have a question or reservation regarding such a placement, you will immediately contact the Humane Society before such an adoption occurs.

Describe the qualities that would make you a good foster care provider and your home a good foster care home for a Hiawatha Animal Humane Society animal.

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References: (Three people and their addresses and phone numbers who can vouch for your ability to be a good foster care provider):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you, (please check one) Own \_\_\_\_\_ Rent \_\_\_\_\_

If you rent, can you provide written landlord permission to foster animals? \_\_\_\_\_

How long have you lived in your present home? \_\_\_\_\_

If you have lived in your present home less than a year, what was your former address?

\_\_\_\_\_ How long there? \_\_\_\_\_

Describe your facilities for keeping fostered animals (you must be willing for someone from the Hiawatha Animal Humane Society to do an in-home inspection, if requested).

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Do you feel emotionally able to “let go” of an animal you have cared for?

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In becoming a foster care provider, I agree to become a member of the HAHS. Dues are \$10.00 per year for an “individual” membership, \$25.00 for a “family” membership or \$100.00 for a “lifetime” membership (never needs renewing). A Membership form from our brochure should accompany this application.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

HAHS Representative

Note: Once this application has been received, it will be presented at the next meeting of the HAHS Board of Directors. Upon acceptance, a confirmation letter and Foster Care Agreement will be then sent to you immediately for signing.