



H.A.N.D.D.S.

TO THE RESCUE

HELPING ABUSED NEGLECTED DISABLED DISPLACED SOULS

P.O. Box 1953 Traverse City, MI. 49685

Foster Care Application

ABOUT YOU

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Other people who live in your home:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Who is your local Vet? _____ Phone: _____

Have you ever provided foster care to animals before? Yes No

If yes, when _____ what kinds of animals _____

Why do you want to be a Foster Parent Volunteer for H.A.N.D.D.S. to the Rescue? _____

As a foster parent you will be required to keep you foster dog(s) on a leash or enclosed within a fence adequate for the animal or in a home at all times. Foster cats *must* be kept inside at all times. By initialing, you acknowledge that you will abide by these provisions. Initial: _____

Can a prospective adopter call you regarding your foster pet? Yes No

Will you be able to bring the pet to adoptions? Yes No

What period of time are you willing to foster? ____ weeks ____ months or Until Adopted

I have limits on my fostering commitment. Please explain, _____

Do you have any experience caring for any of the following? Yes No (Please circle all that apply)

Sick Animals Injured Animals Puppies Kittens Behavior Problems

Do you have any experience giving medication to animals? Yes No (Please circle all that apply)

Pills Eye cream Ear medicine Liquid medicine other _____

Is someone home during the day? Yes No If yes, how long _____

Is someone home during the evening? Yes No If yes, how long _____

Do you Own Rent If you rent, who is your landlord? _____ Phone: _____

Do you have permission from your landlord to have an animal? Yes No

Do you have a fenced in yard? Yes No if yes, how high is the fence? _____

Can you provide any of the following? Litter pan Litter Food Crate Leash Collar

Please describe the general area where your foster pet(s) will be kept: _____

Additional Comments: _____

(PLEASE CONTINUE ON BACK)

ABOUT THE PET(S) YOU'D LIKE TO FOSTER

I am interested in fostering:

- Healthy **dogs**-- Ages _____ Sex _____ How many? _____ Size: small medium large
 Dogs with injuries Dogs with illnesses Dogs with behavior problems
 Puppies Puppies with mom Pregnant dogs Orphaned puppies (bottle fed)
 Healthy **cats**-- Ages _____ Sex _____ How many? _____
 Cats with injuries Cats with illnesses
 Kittens Kittens with mom Pregnant cats Orphaned kittens (bottle fed)

While you are caring for foster pets, we may call you from time to time to check on the pets' progress and address any concerns you may have. HANDDS reserves the right to remove the pet(s) from a foster home if HANDDS has any reason to believe that the health or welfare of the pet(s) is in jeopardy. If for any reason the foster parent cannot fulfill their fostering duties, the pet(s) must be returned directly to a HANDDS representative. If the foster parent decides to adopt the pet they are fostering, they must submit an adoption application and be subject to the adoption approval process and appropriate adoption fees – No exceptions.

By signing this form, you agree to the above statements and certify that the answers given above are true:

Signature: _____ Date: _____

ABOUT YOUR ANIMALS

Do you have **dogs**? Yes No - If yes, please fill out information below

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Do any of them have temperament problems or make it difficult to be a foster parent? Yes No - If yes, explain,

Is your dog Indoor only Outdoor only Indoor/Outdoor ?

Are all vaccinations up-to-date? Yes No

Do you have **cats**? Yes No - If yes, please fill out information below

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Name: _____ Breed: _____ Age: _____ Altered? Yes No

Do any of them have temperament problems or make it difficult to be a foster parent? Yes No - If yes, explain,

Is your cat Indoor only Outdoor only Indoor/Outdoor ?

Are all vaccinations up-to-date? Yes No

I understand that if the information provided on this application is found to be false/incorrect I will surrender the pet to HANDDS upon demand. I agree to abide by HANDDS guidelines and return the pet if I cannot keep it and to notify HANDDS immediately if the pet is lost or dies. I agree to allow a representative of HANDDS to inspect the home environment and yard, and if any violations of the contract are in evidence, I agree to allow the agent of HANDDS to remove the pet from the premises occupied by me, and entry shall not constitute a trespass. I certify that the information provided is true and correct.

Signature: _____ Date: _____

HANDDS Volunteer Home Inspection/Interviewer

Volunteer Signature: _____ Date: _____