ADAIR COUNTY HUMANE SOCIETY

DOG & CAT FOSTER APPLICATION

Thank you for opening your home to an animal in need. Please complete this application as thoroughly as possible. Approval is based on the needs of the foster animal and the information provided; submission does not guarantee placement.

1. APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Co-Applicant / Spouse: _____ Age(s): _____

Street Address:
_____

City: _____ State: _____ ZIP: _____ County: _____

Primary Phone: _____ Alternate Phone:
_____

Email Address:
_____

Preferred Contact: ■ Phone ■ Text ■ Email Best Time to Contact:
_____

2. WHAT WOULD YOU LIKE TO FOSTER?

- ■ Dog
- ■ Puppy
- ■ Senior
- ■ Medical / Recovery
- ■ Bottle Baby / Neonate
- ■ Long-Term
- ■ Cat
- ■ Kitten
- ■ Adult
- ■ Behavior / Socialization
- ■ Short-Term / Emergency
- ■ Foster-to-Adopt

Preferred size / age / temperament or any limitations:

_____

3. HOUSEHOLD & HOUSING

- ■ Own home
- ■ Apartment / Condo
- ■ Landlord approval obtained
- ■ Fenced yard
- ■ Other adults in home
- ■ Rent home
- ■ Mobile home
- ■ Landlord approval required
- ■ No fenced yard
- ■ Children in home

■ Other dogs ■ Other cats

■ Other animals ■ No other animals

If renting, landlord/property manager name: _____ Phone: _____

How long at current address? _____ Number of adults in household: _____

Children: names/ages:

_____

4. CURRENT PETS

List every animal currently living in your home, including species, age, sex, altered status, and temperament.

Name	Species/Breed	Age	Sex	Spayed/Neutered	Vaccines Current?	Temperament / Notes

5. FOSTER EXPERIENCE & ANIMAL CARE

- ■ First-time foster
- ■ Have fostered before
- ■ Have owned dogs
- ■ Have owned cats
- ■ Have cared for puppies/kittens
- ■ Have administered medication
- ■ Have cared for special-needs animals
- ■ Have worked with fearful animals
- ■ Have experience with crate training
- ■ Have experience with leash training
- ■ Have experience with bottle feeding
- ■ Have veterinary / animal-care experience

Describe your previous experience with animals, fostering, rescue, training, or veterinary care.

Why would you like to foster for Adair County Humane Society?

What type of animal would be the best fit for your household?

6. HOME SETUP & DAILY ROUTINE

- ■ Foster will sleep indoors
- ■ Foster will sleep outdoors
- ■ Crate available
- ■ Separate room available
- ■ Baby gates available
- ■ Secure fenced area
- ■ Will provide daily exercise
- ■ Will provide daily enrichment
- ■ Can transport to shelter/vet
- ■ Need transportation assistance

Where will the foster animal stay when you are home?

Where will the foster animal stay when you are away from home?

How many hours per day will the animal typically be alone?

Describe your typical weekday/weekend schedule.

7. INTRODUCTIONS & SAFETY

Foster animals may be frightened, stressed, under-socialized, ill, injured, or unpredictable when first placed. Fosters are expected to follow shelter instructions regarding separation, introductions, feeding, medication, and safety.

- ■ I can keep a foster separated from resident pets initially
- ■ I understand introductions must be gradual
- ■ I can supervise interactions with children
- ■ I can securely contain a foster animal
- ■ I understand some animals may not be house-trained
- ■ I understand behavior may change as the animal decompresses
- ■ I will contact the shelter before making major changes
- ■ I will not surrender, sell, give away, or transfer the foster animal

8. VETERINARY & MEDICAL CARE

Adair County Humane Society will provide instructions regarding approved veterinary care for foster animals. Fosters should not authorize non-emergency veterinary procedures or incur veterinary expenses on behalf of the shelter without prior approval, except where immediate emergency care is necessary to prevent serious suffering. In an emergency, contact the shelter as soon as safely possible and follow shelter instructions.

Preferred veterinary clinic: _____	Phone: _____
Are you able to transport the foster to an approved veterinary appointment? ■ Yes ■ No	
Are you comfortable giving oral medication? ■ Yes ■ No	Topical medication? ■ Yes ■ No
Are you comfortable with special diets / feeding schedules? ■ Yes ■ No	Injections? ■ Yes ■ No

9. FOSTER COMMITMENT

Please initial each statement to confirm that you understand the foster expectations.

_____ I understand that the foster animal remains the property/custody of Adair County Humane Society unless otherwise agreed in writing.

_____ I agree to provide humane, safe, clean, and appropriate care, food, water, shelter, exercise, and supervision.

_____ I will follow feeding, medication, isolation, training, and veterinary instructions provided by the shelter.

_____ I will immediately report illness, injury, escape, bite incidents, significant behavior changes, or other concerns to the shelter.

_____ I will not allow the foster animal to roam freely outdoors or remain unattended in an unsafe area.

_____ I will not breed the foster animal or permit breeding.

_____ I will not have the foster animal surgically altered or treated by a veterinarian without shelter authorization, except as necessary for an emergency.

_____ I will not transport the foster animal outside the agreed area or across state lines without prior approval.

_____ I understand that foster placement may end at any time when the shelter determines it is in the animal's best interest.

_____ I understand that I may be asked to return the foster animal for adoption events, medical care, evaluation, or another placement.

_____ I understand that fostering can involve accidents, property damage, scratches, bites, illness, or other risks and I will use reasonable precautions.

_____ I will keep the shelter informed of my current phone number, email, address, and availability.

10. REFERENCES

Please provide two personal references who are not members of your household.

Reference 1 Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Reference 2 Name: _____ Relationship: _____

Phone: _____ Years Known: _____

11. LANDLORD INFORMATION (IF APPLICABLE)

Landlord / Property Manager: _____ Phone: _____

Address: _____

Does your lease permit dogs/cats? ■ Yes ■ No ■ Unsure Pet restrictions: _____

12. EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

13. HOW DID YOU HEAR ABOUT OUR FOSTER PROGRAM?

■ Facebook / Social Media ■ Friend / Family

■ Shelter Visit ■ Website

■ Adoption Event

■ Other: _____

14. HOME SAFETY & FOSTER PREPARATION CHECKLIST

Before placement, the foster home should be prepared for safe confinement, decompression, and appropriate introductions.

- ■ Foster has a designated safe area
- ■ Toxic chemicals and medications are secured
- ■ Electrical cords are protected
- ■ Resident pets can be separated
- ■ Crate/kennel is appropriately sized if needed
- ■ Cat litter area can be kept separate from food/water
- ■ Emergency contact numbers are saved
- ■ Doors/windows can be secured
- ■ Human food and unsafe foods are secured
- ■ Small objects/toys that could be swallowed are removed
- ■ Children understand animal boundaries
- ■ Leash/collar/harness can be secured properly
- ■ Outdoor area is secure before any outdoor access
- ■ Transportation plan is available

15. HOME INSPECTION / STAFF USE

Date:	_____	Completed by:	_____
Home visit required:	■ Yes ■ No	Completed:	■ Yes ■ No
Safe confinement:	■ Yes ■ No	Fencing / outdoor safety:	■ Yes ■ No ■ N/A
Resident pets appropriate:	■ Yes ■ No	Children / household concerns:	■ Yes ■ No
Overall recommendation:	■ Approve ■ Approve w/ restrictions ■ Decline		

Staff Notes / Restrictions / Recommended Foster Match:

16. APPLICANT ACKNOWLEDGMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that approval to foster is at the discretion of Adair County Humane Society and that a foster placement is made based on the needs and best interests of the animal. I agree to follow shelter policies and instructions and to communicate promptly about any concerns involving the foster animal.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Shelter Representative: _____ Date: _____

Adair County Humane Society
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Thank you for helping give shelter animals a safe place to heal, decompress, and prepare for their forever homes.