



Foster Parent Application

Name(s) _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Are you 18 or older? Yes No (you must be 18 years old to foster)

Length of time at current address _____ years;

Do you: Own Rent (in a) House Condo/Apt/Townhome

If renting: Landlord name _____ Phone _____

Does your landlord or Homeowners' Association have a pet policy? Y N

If yes, are the following allowed: Dogs Cats

Number of Pets Allowed _____ Weight Limits _____ Any breed restrictions _____

Household Composition: # Adults _____ # Children _____ Ages of Children _____

Do you, or any members of your family, have allergies to pets? Yes No

If yes, please explain what you/family member is allergic to _____

Personal References

List three references, including one neighbor, but NO relatives:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Personal Pet Profile

Do you have pets in your home that you own? Yes No

If yes, please complete the pet profile to the right:

Type of Pet (e.g., dog, cat)	Pet name/breed	Age	Gender	Neutered
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had any pets in the past that no longer live with you? Yes No; If yes, please complete the following:

Type of Pet (e.g., dog, cat)	Pet name/ breed	Age	Gender	Neutered	How long did pet live with you (years)?	What happened to pet?
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Where do your pets sleep at night? _____

Where are your pets kept during the day? _____

How long are the pets in your home left alone? _____ hours per day

Have the pets in your home had all of their vaccinations? Yes No

What brand of pet food do you feed your pets? _____

Have your pets had any medical issues? Yes No

If yes, explain the issue and how you handled it _____

If you have, or had any pets in the past, please list their veterinarian's contact information:

We must be able to contact your veterinarian to confirm that all pets are up-to-date on vaccinations and received on-going care.

Veterinarian name _____ Phone _____

Have you ever relinquished an animal to a shelter? Yes No

If yes, please explain why _____

How many hours per day do the adults in your family spend at home? _____ hours

Please indicate the work hours of the *adults* in your home:

Name	Work Hours

Foster Profile

Have you fostered for other shelters/organizations before? Yes No

If yes, which organizations do you/have you fostered for? _____

Do you currently have *foster* pets in your home? Yes No

Are you registered as a foster home with the Dept of Agriculture? Yes No

If you have previously fostered, please complete the following foster profile:

Type of Pet (e.g., dog, cat)	Breed	Age	Gender	Neutered	Currently Fostering?	Explain any Special Needs
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your home have any of the following ? Fence Invisible Fence Kennel Dog Run

If fence, please specify the height and type of fence: _____

Have you fostered animals with any of the following needs?

Medical Issues Infants Animals in Need of Socialization Behavior/Obedience Issues

Please provide a brief overview of your experience fostering: _____

Which types of animals would you consider fostering (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Mom with kittens | <input type="checkbox"/> Mom with puppies |
| <input type="checkbox"/> Weaned healthy kittens | <input type="checkbox"/> Weaned healthy puppies |
| <input type="checkbox"/> Adult cat | <input type="checkbox"/> Adult dog |
| <input type="checkbox"/> Senior cat | <input type="checkbox"/> Senior dog |
| <input type="checkbox"/> Orphaned kittens | <input type="checkbox"/> Orphaned puppies |
| <input type="checkbox"/> Cat behavior cases | <input type="checkbox"/> Dog behavior cases |
| <input type="checkbox"/> Cat special needs cases | <input type="checkbox"/> Dog special needs cases |

Please explain why you would like to foster for AHFA: _____

How would you handle the following situations if your animal engaged in these behaviors:

Behavior	What would you do?
Urinate/defecate in the house	
Shedding/ Scratching/tearing your belongings	
Chewing on furniture, plants, etc.	
Scratching/Biting	
Getting into the garbage	
Barking	
Play Biting	
Jumping on furniture/tables	

Thank you for submitting a foster application to A Heart for Animals, Inc., (AHFA) and helping to save lives. You must be at least 21 to foster.

I understand that the completion of this application does not guarantee approval as a foster home and that AHFA reserves the right to refuse, approve or deny applicants. _____ (Initials)

I understand that any references will be contacted by AHFA for satisfactory recommendations. _____ (Initials)

I certify that I have never been convicted of a crime related to animal cruelty, abuse, or neglect. _____ (Initials)

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of A Heart for Animals (AHFA). I authorize AHFA to conduct an on-site inspection of the premises where the animal(s) will be kept as well as subsequent visitations which may be unscheduled. I also authorize AHFA to contact my veterinarian and personal references provided. I understand and agree that if I decide to stop fostering an AHFA animal(s) in my care, I will only return the animals to AHFA so that a new home can be found.

I hereby agree to indemnify and hold harmless, A Heart for Animals, Inc., its employees, volunteers and its agents from any and all liability arising out of or in consequence of injury, or damage to your or others' property, sustained as a result of any activity connected with fostering animals for AHFA. I certify that I have homeowners or renters insurance and understand that my renters or homeowners insurance is liable for injury or damage to myself, residents of my household, and property.

Date _____
Signature(s) of Foster Parent Applicant (s)

Please submit your completed application via mail or email.

Mail: A Heart for Animals, Inc.
PO Box 986
Huntley, IL 60142

Email: Aheart4AnimalsAnimalWelfare@gmail.com and put "Foster Application" in the subject line

If you have any questions, please call us at 847-868-2432 (AHFA). Once your completed application has been received and reviewed, an AHFA volunteer will contact you when an animal that fits your home/preferences is found.

For Office Use Only	
Application Number _____	Date Received _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of interview: _____
Name of Approver: _____	Secondary Approver: _____
Comments: _____	