



FOSTER APPLICATION

Please Print Clearly

Name _____ Date _____

Address _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

***Email and phone number will be verified!**

Emergency Contact _____ Relationship to you _____

Telephone Number _____

How are you interested in helping? (see website for description)

Foster Hero Adoption Ambassador Wellness Foster Bottle Baby Brigade Unsure Open

Home Information

Own Home Own Condo Rent Home Rent Apt/Condo/Mobile Home Gov't Housing

Boarding/Student Housing Other _____

If you applicable, what is the name & phone number of your landlord/condo association/apartment complex?

Name _____ Phone Number _____

How long have you been at current address? _____

Do you plan on moving in the next 6 months? Yes No

Do you have access to a yard? Yes No Is it: Open Fenced, Height of Fence _____

Who will be responsible for the care of the foster animal? _____

Length of time foster will be left alone: _____ Where will the foster be kept during the day? _____ Night? _____

Does anyone in the household have animal allergies? Yes No If so, to what? _____

Are you currently or have you fostered for any other shelter/organization? Yes No

If yes, what is the name of the shelter/organization? _____ Location _____

Do you have any experience that you believe will help you as a member of the Foster Program? Yes No

If yes, please explain: _____

ABOUT YOUR FAMILY - Including yourself, please list all member of your household

Name	Date of Birth	M or F

ABOUT YOUR PETS - Please include all animals in the residence whether you own them or not. Please include caged pets & barnyard animals.

Name	Species/Breed	Male or Female	Spay/Neutered	Age	Live in or outside	Date of Latest Rabies Vaccine

We will call your veterinarian to confirm that your pets are up-to-date (UTD) on vaccines.

Veterinarian Name/Office: _____ Phone: _____

If your pets are not UTD on vaccines, please tell us why: _____

Please list any physical problems or special needs of the animals in your home: _____

Do your dogs get along with: Male Dogs Female Dogs Small Dogs Large Dogs Cats

Do your cats get along with: Male Cats Female Cats Dogs

ABOUT YOUR FOSTER PETS - Please check those you are willing to foster

Dogs: Any Size Small (under 20 lbs) Medium (20-60 lbs) Large (61+ lbs)
 Any Sex Male Female
 Any Kind Puppy Pregnant Dogs & Puppies Seniors dogs requiring medical care
 Special Needs (blind/deaf/allergies/etc.) Surgery Recovery
 Are you willing to foster more than one dog at a time? Yes No Is so, how many? _____

Cats: Any Age Kittens (under 8 weeks) Kittens (2-12 months) Adult Cat Senior Cat
 Any Sex Male Female
 Any Kind Surgery Recovery Special Needs (blind/deaf/allergies/etc.)
 Are you willing to foster more than one cat at a time? Yes No Is so, how many? _____

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND I UNDERSTAND THAT FALSE INFORMATION OR UNANSWERED QUESTIONS MAY VOID THE APPLICATION. I ALSO UNDERSTAND THAT THE GULF COAST HUMANE SOCIETY RESERVES THE RIGHT TO DENY ANY FOSTER APPLICATION.

Signature: _____ Date: _____

BY SIGNING BELOW YOU ARE CONFIRMING THAT YOU ARE WILLING TO ABIDE BY ALL FLORIDA ANIMAL CONTROL LAWS WITH REGARDS TO YOUR FOSTER DOG/CAT. YOU AGREE TO A HOME VISIT BY GCHS STAFF AND TO ALWAYS ACT IN THE BEST INTEREST OF YOUR FOSTER ANIMAL AND TO REMEMBER THAT BY FOSTERING, YOU ARE A REPRESENTATIVE OF GCHS AND WILL ACT ACCORDINGLY.

Signature: _____ Date: _____

