



HUMANE SOCIETY  
— of Indianapolis —

**Foster Care Application**

Name:		
Address:		
Phone #:	Daytime:	Evenings:
Email:		

Best way and time to reach you? \_\_\_\_\_

Type of animals you are interested in foster:  
Check all that apply:

Puppies	
Mom and puppies	
Kittens	
Mom and kittens	
Adult Cats	
Adult Dogs	
Sick Cats	
Sick Dogs	
Dogs with Behavioral Needs	
Animals recovering from surgery	
Pet Safe Animals*	

*\* Animals in our Pet Safe program belong to someone in a crisis situation that is in need of a temporary home for their animal while they get the help they need. They can be dogs or cats of various ages.*

How many animals can you foster at one time? \_\_\_\_\_

Are there any specific times of the year when it would be difficult for you to foster?

Yes  No

If yes, when can you **NOT** foster? \_\_\_\_\_

Have you ever fostered animals before?  Yes  No

If yes, please describe: \_\_\_\_\_

Please describe any formal or informal training you have had working with animals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience training and working with dogs with behavioral issues?

Yes  No

If yes, please describe \_\_\_\_\_

Have you ever cared for puppies or kittens before?  Yes  No

Have you ever given medication to sick animals before?  Yes  No

If yes, please describe? \_\_\_\_\_

Please list all pets currently living in your household:

Type	Sex	Age	Spayed/Neutered?	Where are they kept? In/Out?	Current on their vaccinations?

Do your current dogs/cats get along with other dogs and cats?  Yes  No

Please explain: \_\_\_\_\_

Do you live in a  House  Apartment  Condo  Other \_\_\_\_\_

Do you  Rent  Own?

Landlord information: \_\_\_\_\_

Do you have a fenced yard?  Yes  No

Are there any children in your household?  Yes  No

If yes, what are their ages \_\_\_\_\_

Do any members of your family have allergies?  Yes  No

If yes, to what species \_\_\_\_\_

Will you be able to keep your foster animals separate from your own if necessary?

Yes  No

Where do you plan on keeping your foster animals? \_\_\_\_\_

\_\_\_\_\_

How many hours per day will your foster animals be left alone? \_\_\_\_\_

Please describe where you will keep your foster animals when you are not home and at night: \_\_\_\_\_

\_\_\_\_\_

What will you do if you foster animal becomes lost? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to speak with potential adopters and assist in the placement of your foster animals in their forever homes?  Yes  No

Are you able to transport the animal to and from HSI frequently if needed?

Yes  No

Do you feel emotionally prepared of "letting go of animals", regardless of the outcome?

Yes  No

Are you aware that animals are euthanized at HSI? Do you know why? How do you feel about euthanasia? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you accept the fact that some animals will not survive or may have to be euthanized and that this decision is up to the Humane Society of Indianapolis Staff?  Yes  No

Why are you interested in fostering for HSI? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our foster care program? \_\_\_\_\_

**Thank you!!**