

Fargo Moorhead Humane Society
Foster Family Application

Personal Information:

Name: _____ Name of Co-Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ (h) _____ (w)

Driver's License Number: _____ Applicants DOB: _____

Employer: _____ Co-Applicant's Employer _____

E-Mail Address: _____

Have you adopted a pet from the FMHS previously? Yes No If yes, do you still have the pet? Yes No

If you no longer have the adopted pet, why? _____

Household Information: The following information will help the FMHS staff determine the types of animals which would be available to you for foster.

What type of home do you live in? House Apartment Trailer Condo Duplex

Do you own or rent? Own Rent

If you own, you may be asked to provide proof of home ownership. i.e. copy of tax statement, or the FMHS can contact your town office. If you rent, you will be asked to provide a copy of the lease agreement or the FMHS staff will be happy to contact your landlord to verify the types of pets your lease allows.

Landlord's Name: _____ Landlord's Phone Number: _____

Home Environment:

How many people reside in your home? _____ Is everyone in agreement with fostering a pet? Yes No

How many children reside in your home? _____ Please list their ages: _____

Is anyone in your household allergic to pets? Yes No If yes, to what: _____

Do you have a separate room where the animal(s) can be isolated if required? Yes No

During the day, where will the foster pet(s) be kept? *(Circle all that apply)*

INDOORS OUTDOORS CRATE GARAGE KENNEL OTHER _____

During the night, where will the foster pet(s) be kept? *(Circle all that apply)*

INDOORS OUTDOORS CRATE GARAGE KENNEL OTHER _____

Do you have a fenced-in yard? Yes No If yes, what type/height: _____

Are there any special considerations as to the temperament or health of your animals that the FMHS needs to consider before placing a foster pet in your home? Yes No If yes, please explain: _____

Pet Information: Please list below **all** animals that have been in your care in the last five years:

	Name	Age	Sex	Breed	How long have you owned your pet?	Does this pet still reside in your home? If no, why?
Pet 1						
Pet 2						
Pet 3						
Pet 4						

Veterinarian Name: _____ Phone Number: _____

Who will be responsible for the care of this foster pet? _____

What training methods would you use to handle potential problems like crying, barking, chewing, scratching, etc?

What kinds of animals are you interested in fostering? (Check all that apply.)

Short-term foster due to lack of space at our shelter? Yes (Cat) Yes (Dog)

Longer-term foster for our shelter (until animal is adopted)? Yes (Cat) Yes (Dog)

Injured Animals Yes (Cat) Yes (Dog)

Pregnant/Nursing Animals Yes (Cat) Yes (Dog)

Minor contagious medical condition Yes (Cat) Yes (Dog)

Animal belonging to someone who is ill or temporarily can't have/take care of animal? Yes (Cat) Yes (Dog)

Are you willing to take a dog/puppy that may not be housebroken? Yes No

I understand that any false statements on this application constitute grounds for denial of the application. The Fargo Moorhead Humane Society reserves the right to refuse to foster to any person(s).

Authorization For Medical Records Release

I hereby authorize the Fargo Moorhead Humane Society, located at 1201 28th Avenue North, Fargo, ND, to contact the veterinarian(s) listed above to verify veterinary care history.

Applicant signature: _____

Date: _____

Co-applicant signature: _____

Date: _____

Foster Application Worksheet

(To be completed by FMHS staff only)

Date: _____ Applicants Name: _____

Assisted by FMHS Staff Member: _____

HO Verified: _____ Date: _____ Staff Initials: _____

Comments: _____

VR Verified: _____ Date: _____ Staff Initials: _____

Comments: _____

Card on File? Yes No

Date Application entered: _____ Staff Initials: _____

Foster Application Worksheet

(To be completed by FMHS staff only)

Date: _____ Applicants Name: _____

Assisted by FMHS Staff Member: _____

HO Verified: _____ Date: _____ Staff Initials: _____

Comments: _____

VR Verified: _____ Date: _____ Staff Initials: _____

Comments: _____

Card on File? Yes No

Date Application entered: _____ Staff Initials: _____

References

Reference #1 (not a relative)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Relationship _____

Reference #2 (not a relative)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Relationship _____

