



Harley's Hope Foundation Foster Home Application

Name _____ Spouse's/Partner's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse's Phone _____

Are you over 18 years of age ____ Yes ____ No (fosters must be over 18 years old)

Email address _____

Do you ____ own or ____ rent your home or apartment? If you rent, what is the name and phone number of the landlord/owner _____

How long have you lived at this address? _____

Do you have a fenced yard? ____ Yes ____ No If yes, what kind and height _____

If no, how will you exercise your foster dog/puppy? _____

How many people reside in the household? ____ Adults ____ Children Ages of Children _____

How long will the foster animal be left alone during the day? _____ hours

Have you fostered animals before? ____ Yes ____ No If yes, for what animal welfare organization? _____

Please provide a brief description of the type of fostering you have done _____

Please check the animals that you have experience/knowledge with and the space to foster:

____ Adult dog, what breeds and how many can you foster? _____

____ Puppies, how many can you foster? _____

____ Adult cats, how many can you foster? _____

____ Kittens, how many can you foster? _____ Will you take a mom and kittens? _____

Do you have experience bottle-feeding orphaned kittens? _____

____ Other Species _____

Your Current Pet's Information (please list all current pets):

1) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____

2) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____

3) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____

4) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____

Are all of your animals spayed or neutered? _____ Yes _____ No If no, are you willing to get them spayed or neutered? _____ Yes _____ No

What veterinary hospital do you use? _____

If HHF does not work with your current veterinarian, are you willing to transport foster animal to an HHF network provider for care? _____ Yes _____ No

Will foster animal have free-roam of the house? _____ Yes _____ No Where will they sleep at night? _____

If necessary, are you able to keep the foster animal separate from your own current pets? _____ Yes _____ No Where will they be kept? _____

Please circle any supplies you require: dog crate/kennel(small/medium/large) cat carrier puppy pads puppy pen leashes/collars dog/puppy food cat/kitten food kitten formula litter box litter (clay/scoopable/other)

I, _____ (print name) agree to provide a safe foster home for HHF foster animals to include: indoor shelter, adequate food/water, exercise as appropriate, love and affection, and to contact HHF immediately should the foster animal become ill or injured or require professional training or grooming. Furthermore, I agree to notify HHF at least 1 week in advance when needing vacation coverage for my foster animal.

I, _____ (print name) agree to transport my foster animals to and from as many adoption events as possible in order to increase their chances of being adopted into a good forever home.

Foster Parent Signature

Date

HHF Representative Signature

Date

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