

Mailing Address

Humane Society of West Alabama  
P. O. Box 70054  
Tuscaloosa, AL 35407

# HUMANE SOCIETY OF WEST ALABAMA

Phone #: 205-554-0011  
Fax #: 205-248-7019

## Foster Application for Dog or Puppy

It is very important that you submit ALL of the requested information. We will check with your rental company, veterinarian, and references. By submitting this form, you agree that we may do so. Any false information given will be grounds for this application to be denied. Any omitted information will delay the processing of the application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Please give name of animal you are interested in fostering \_\_\_\_\_ (Leave blank if undecided.)

Mailing Address: \_\_\_\_\_

Physical Address (if different from Mailing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone (if applicable) \_\_\_\_\_

Employer: \_\_\_\_\_

Your Age: \_\_\_\_\_ Are you a student (High school/college) Yes \_\_\_ No \_\_\_

If you are under 19, you must include the name and phone number of your parent or guardian:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ and/or Phone: \_\_\_\_\_

Please list the name and age of ALL members of your household and their relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

Is everyone in your residence agreeable to fostering a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone in your household allergic to dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

I can foster a: \_\_\_ small dog (25 lbs. or less) \_\_\_ medium dog (26-50 lbs.) \_\_\_ larger breed (50+ lbs.) \_\_\_ any size

I can foster a: \_\_\_ puppy \_\_\_ young adult dog \_\_\_ adult dog \_\_\_ senior dog \_\_\_ any age

Do you live in: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Mobile Home \_\_\_\_\_

Do you: Own my home \_\_\_\_\_ Rent \_\_\_\_\_ Shared rental \_\_\_\_\_ Live with a renter/owner \_\_\_\_\_

Do you plan to move within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and phone number of your rental company, if applicable:

\_\_\_\_\_

Name and phone number of your resident manager or landlord, if applicable:

\_\_\_\_\_

If you live in a home with a yard, how large is the yard: \_\_\_\_\_

Is your yard fenced? Yes \_\_\_ No \_\_\_ Not applicable \_\_\_\_\_

If your yard is fenced, what type of fence do you have? \_\_\_\_\_ How tall is the fence? \_\_\_\_\_

Do you have a separate pen in your yard? Yes \_\_\_ No \_\_\_ Not applicable \_\_\_\_\_

If you have a pen, what size and height is it? \_\_\_\_\_

Are you familiar with the pet laws in your community? \_\_\_ Yes \_\_\_ No

Are you familiar with leash laws in your community? \_\_\_ Yes \_\_\_ No

Are you familiar with the limits on number of pets per household allowed in your community? \_\_\_ Yes \_\_\_ No

Where will this foster dog usually stay during the day? \_\_\_\_\_

Where will the foster dog stay at night? \_\_\_\_\_

On an average day, how long will the dog be left alone? \_\_\_\_\_

When the dog is left alone, where will it be kept?

Running loose on property \_\_\_\_\_

In a fence yard \_\_\_\_\_

In a pen \_\_\_\_\_

On a chain \_\_\_\_\_

On a dog trolley \_\_\_\_\_

Loose in home \_\_\_\_\_

Confined to a room \_\_\_\_\_

In a dog crate \_\_\_\_\_

In a playpen \_\_\_\_\_

Other \_\_\_\_\_

If left outside, what type of shelter will the dog have? \_\_\_\_\_

Do you or another resident currently have pets? \_\_\_Yes \_\_\_No If yes, please list (1) breed, (2) gender, (3)age, and (4) whether they have been spayed/neutered: \_\_\_\_\_

Please give us information about your current or recent pet experience and your current animal veterinarian. We will contact your veterinarian. Please be aware that Tidmore Veterinary Hospital requires prior authorization from you before they will discuss their records with us. Please call them to authorize our information request.

Name of current veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of your current veterinarian: \_\_\_\_\_

Under what name will the records be listed? \_\_\_\_\_

If you have used another veterinarian within the last ten years, please give name: \_\_\_\_\_

Phone number of this veterinarian: \_\_\_\_\_

Address of this veterinarian: \_\_\_\_\_

Under what name will the records be listed? \_\_\_\_\_

Will you keep this pet clean and brushed? (Be aware certain breed smay require extensive grooming) \_\_\_Yes \_\_\_No

Have you given careful consideration to all of the responsibilities of fostering a pet? \_\_\_Yes \_\_\_No

Do you realize that fostering this pet may be a lengthy commitment? \_\_\_Yes \_\_\_No

If you must move, will you give The Humane Society advance notice? \_\_\_Yes \_\_\_No

Have you considered the special needs that sometimes accompany rescued pets? \_\_\_Yes \_\_\_No

Are you able to help your foster pet attend adoption events by providing transportation? \_\_\_Yes \_\_\_No

Are you able to help your foster pet visit the veterinary clinic by providing transportation? \_\_\_Yes \_\_\_No

Are you willing to foster an abused pet? \_\_\_Yes \_\_\_No

Are you willing to foster a "special needs" pet? \_\_\_Yes \_\_\_No

Have you previously had dogs and/or cats as pets? \_\_\_Yes \_\_\_No If yes, list all of them and what happened to each:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your pets died within the last: 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 12 months \_\_\_\_\_ No recent deaths \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

What does fostering mean to you? (Please do not leave blank.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you allow a representative of HSWA to visit your home by appointment? Yes \_\_\_ No \_\_\_

Please list a personal reference (relative) - name, relationship and phone number of other contact information:

\_\_\_\_\_

\_\_\_\_\_

Please list a personal reference (non-relative) – name, relationship and phone number or other contact information:

\_\_\_\_\_

\_\_\_\_\_

Please give any further information that you would like us to consider in reviewing your application:

\_\_\_\_\_

\_\_\_\_\_

**I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my fostering for the Humane Society of West Alabama (HSWA). HSWA is not liable for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever that I or my property might suffer or sustain in connection with the performance of my fostering for HSWA, unless they are the result of HSWA's gross negligence or intentional misconduct. I will indemnify, defend, and hold HSWA harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of fostering for HSWA, or my breach of HSWA's rules, regulations, policies, and procedures.**

I pledge that the information I have provided on this application is true to the best of my knowledge. I understand that the Humane Society of West Alabama requires a waiting period and that I have in no way been promised I will be approved for fostering any pet. I also understand that HSWA considers all applications but RESERVES THE RIGHT TO REFUSE FOSTERING TO ANYONE FOR ANY REASON. I also understand that my signing this document constitutes a legal commitment and that this document cannot be processed without my signature. Foster applications are the property of the Humane Society of West Alabama.

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_