



Homeward Bound Pets Adoption Shelter, Foster Application

Date: _____

Our mission is: Improving the lives of dogs and cats through adoptions and community partnership. Volunteers are needed 7 days a week, 365 days a year. Volunteers under 16 must be accompanied by a parent or legal guardian.

Name: _____ **Date of Birth:** _____

Address: _____

City/State/Zip _____

Phone: Home _____ **Cell:** _____

Email: _____

Emergency Contact

Name _____ **Phone:** _____

Please check which of the following you would like to foster:

- | | |
|--|---|
| <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Bottle Fed Kittens |
| <input type="checkbox"/> Mother Cat & Kittens | <input type="checkbox"/> Sick/Injured Cat/Kittens |
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Special Needs/Long Term Cat or Kittens |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Bottle Fed Puppies |
| <input type="checkbox"/> Mother Dog & Puppies | <input type="checkbox"/> Sick/Injured Dog/Puppy |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Special Needs/Long Term Dogs or Puppies |

Please check which of the following you are skilled to perform:

- | | |
|---|--|
| <input type="checkbox"/> Bottle Feed Kittens/Puppies | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Give Oral Medications | <input type="checkbox"/> Critical Care (i.e. subq fluids, injections) |
| <input type="checkbox"/> Take Temperature | <input type="checkbox"/> Nail Trimming |
| <input type="checkbox"/> Behavioral Training | |

Do you think you have any other skills you could add?

Are you interested in learning any of the above tasks?

Who will be responsible for caring for our foster cats/kittens?

List number and type of current pets:

Are your animals current on their vaccines? _____

What type of indoor confinement will you provide? (Bathroom, crate, bedroom, etc.): _____

I certify that all information is true and correct. I am at least 18 years of age, and if I rent, I have the landlord's approval. I understand that Homeward Bound Pets is not responsible for any property or personal damage, wounds inflicted, or illness caused by any of their foster cats or kittens.

Signature

Date

Print Name

HBP USE ONLY

Approved: _____ **Not Approved:** _____ **By:** _____

Comments:
