

# Foster Application

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you over the age of 18? **Yes** **No** Do you operate a day care facility? **Yes** **No**

## Household Information

Number of adults in household: \_\_\_\_\_ Number of children in home: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Names of ALL adults in household: \_\_\_\_\_

Circle who lives in home: **Parent** **In-Laws** **Friends** **Roommates** **Spouse** **Other**

Circle type of home: **House** **Mobile Home** **Apartment** **Duplex** **Condo** **Other**

Do you **own** or rent your **home**? If rent, Landlord's name & number: \_\_\_\_\_

Who will be the primary care taker of the foster animal: \_\_\_\_\_

## Pet History

List pets currently owned, including small caged pets.

Animal Type (dog, cat, etc)	Animal Name	Breed	Age	Gender	Spayed or Neutered? (yes or no)	Kept indoors? Or kept outdoors?	How long owned?	When was his/her last vet appointment?

What kind of animals are you interested in fostering (may list multiple) \_\_\_\_\_

Have your current pets lived with other animals before: **Yes** **No** If yes, what type: \_\_\_\_\_

How does your current pet(s) behave toward other animals: \_\_\_\_\_

What is the energy level of your household/pet(s): \_\_\_\_\_

Name of Veterinarian or Clinic: \_\_\_\_\_ Phone number: \_\_\_\_\_

Whose name/address is on the vet records? \_\_\_\_\_

Are all pets updated on vaccines? **Yes** **No** If no, please explain why: \_\_\_\_\_

Do you foster animals for any other organizations: **Yes** **No** If yes, who: \_\_\_\_\_

How many hours will the foster animal(s) be home alone on a typical day: \_\_\_\_\_

Do you have a fenced in yard? **Yes No** If yes, what type: \_\_\_\_\_ Height of fence : \_\_\_\_\_

If no, how do you plan to ensure the foster pet (if dog) will receive exercise? \_\_\_\_\_

Do you have a completely separate area for the foster animal(s): **Yes No**  
If yes, please explain: \_\_\_\_\_

What do you plan on doing with the animal(s) when you are away: \_\_\_\_\_

Are you able to transport foster animal(s) to locations as needed? **Yes No**

Are you interested in permanently adopting an animal in the future? **Yes No Maybe**

**Please answer the following:**

1. Do you understand that all foster animals belong to Humane Society of West Michigan (HSWM) and can be taken out of foster care at any time? **Yes No**

2. Due to health risks, HSWM asks you DO NOT take foster dogs to public parks, dog beaches, or any other areas of high dog activity; can you comply with this request? **Yes No**

3. Do you understand that all animals placed in foster are there on a temporary basis and when the animal is suitable for adoption, the animal must be returned to HSWM? **Yes No**

4. Do you understand that HSWM may have to euthanize foster animals due to significant medical or temperament reasons? **Yes No**

5. Do you agree to keep foster dogs on a six foot leash at all times when outside of home? **Yes No**

6. Do you agree to notify HSWM if your foster animal exhibits any sign of aggression? (Please understand that putting aggressive animals in the community is dangerous to others and a liability to HSWM). **Yes No**

7. Do you agree to notify HSWM if the foster animal(s) escapes from your home? **Yes No**

8. During the foster stay, you are the primary caretaker of the animal(s) and therefore, the animal(s) must remain in your home for the entire foster period (unless otherwise specified by HSWM). Are you able to comply with this? **Yes No**

9. Do you understand that foster animal(s) should ONLY be treated by Humane Society of West Michigan's vet staff and you should not take them to your own vet? HSWM will not reimburse you if you take a foster pet to another veterinarian without prior consent from the Foster Coordinator. **Yes No**

10. Do you understand that HSWM is not responsible for any illness or injury to my personal pet(s) while caring for foster animal(s). **Yes No**

11. Do you understand that HSWM will provide all necessary items to care for foster animal and will not reimburse you for any items purchased. If you choose to buy items for animal, it will be considered a donation and may be submitted with taxes. **Yes No**

12. Do you understand that submitting this application does not guarantee approval as a Foster Home Volunteer? **Yes** **No**

13. Do you waive your rights to make any claim of liability for any injury or damages that may occurs related to my participation with fostering with HSWM? **Yes** **No**

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

Please complete and return application to: Sami Jongekryg

E-mail: [sjongekryg@hswestmi.org](mailto:sjongekryg@hswestmi.org)

Fax: 616-453-5752

Mail: Humane Society of West Michigan

Attn: Sami Jongekryg

3077 Wilson Dr. NW.

Grand Rapids, MI 49534

**Thank you for your willingness to open your heart and home to help animals in need. We will contact you within 5-7 business days to go over your application. For further information, please contact our Foster Coordinator, Sami Jongekryg, at 616-453-8900 x 235 or e-mail [sjongekryg@hswestmi.org](mailto:sjongekryg@hswestmi.org)**