



FOSTER CARE APPLICATION

Date:	
Name:	Date of Birth:
Address:	
City / State / Zip:	
Home Phone:	Cell Phone:
Work Phone:	Preferred Method of Contact?
Email Address:	

Please note that a copy of your Arkansas State Issued ID will need to be presented for verification.

1. What type of animals would you be able to foster?

Orphan Puppy Orphan Kitten

(Kittens and Puppies require bottle feeding every 2-4 hours in the first few weeks of life)

Mother Dog & Litter Mother Cat & Kittens

(The above would require fostering mother and babies until 6-8 weeks after birth.)

Adult/Senior Dogs Needing Medical Foster

Adult/Senior Cats Needing Medical Foster

2. How long would you be able to keep a fostered animal? (kittens and puppies need to be fostered until they are eight weeks old) _____

3. Do you have children? If so, how many and what ages?

4. Do you live in a house, apartment, condo, or mobile home?

5. Do you own or rent your home? If you rent, please provide the name & telephone number of your landlord for confirmation that pets are allowed:

6. Do you have a fenced yard? yes no If yes, what type? (Chain, wooden, barbed wire?) _____

7. How high is the fence at the highest _____ and lowest _____ point?



8. Have you fostered, adopted, or applied for either from Humane Society of Pulaski County before? If so, please describe which activity and when:

9. Do you foster with any other groups? yes no. If so, who? _____

10. Where will the fostered animal be kept during the day?

11. Where will the fostered animal be kept during the night?

12. Do you have any other pets? yes no. If yes, do they live inside? outside?
How many and what type of pets do you have?

13. Are all of your pets up to date with their immunizations, including outdoor pets? yes no

Veterinarian Name/Clinic: _____

14. Are you able to provide transportation to the shelter in Little Rock during weekdays for immunizations, treatment, and checkups? yes no

15. **IMPORTANT!** Any pet fostered with you is the property of the Humane Society of Pulaski County (HSPC), and any treatment or medical services must be authorized by HSPC. Only HSPC can transfer or permanently place any pets you foster via adoption (though fosters are welcome to apply for adoption, this is not the goal of fostering).

Do you understand and agree with this? yes no Initials: _____

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Applicant's Signature

Date

Please return completed application to the address on the top of this page, or email this completed form to fostering@warmhearts.org

Questions? Call the shelter at (501) 227-6166 or email fostering@warmhearts.org