



# The Humane Society of Ottawa County

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[www.HumaneSocietyOfOttawaCounty.org](http://www.HumaneSocietyOfOttawaCounty.org)

## FOSTER APPLICATION

Type Of Animal You're Interested In Fostering: \_\_\_\_\_

### PERSONAL INFORMATION:

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOUSING INFORMATION:

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you rent or own? (  ) Rent (  ) Own

Please provide landlord name & phone: \_\_\_\_\_

Do you have permission from your landlord to foster? (  ) Yes (  ) No

Are you aware of any pet deposit and monthly fees required? (  ) Yes (  ) No

What is your lifestyle? (  ) Active/On the Go (  ) Quiet/Relaxed (  ) Entertain Often (  ) Frequent Travel

Do you have children? (  ) Yes (  ) No If Yes, what are their ages? \_\_\_\_\_

Why did you decide to foster \_\_\_\_\_

### PERSONAL REFERENCES: (Please list 2 people not living with you that we may contact.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**VETERINARY INFORMATION:**

Current Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have permission to contact your vet? ( )Yes ( )No

Please sign & date here if yes: \_\_\_\_\_

**CURRENT AND PREVIOUS PET INFORMATION:**

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered
			_____ Yes _____ No
			_____ Yes _____ No
			_____ Yes _____ No

Please provide the following information about any previous pets that are no longer with you:

Pet Name and Type	Reason Pet is No Longer With You

**AGREEMENTS FOR FOSTERING:** (Please initial each)

*I am prepared to make a commitment to the foster(s) however, I understand that the foster animal(s) still belong to HSOC. \_\_\_\_\_*

*I will work with the HSOC to form a schedule/treatment plan for veterinary visits & any tests necessary for the health & well-being of the foster animal(s). All of this will be paid for by HSOC. \_\_\_\_\_*

*I understand that the HSOC will be responsible for veterinary expenses (at an HSOC veterinarian, if possible) but that I am responsible for food, treats, etc. \_\_\_\_\_*

*If, for any reason, I am unable or unwilling to keep the foster animal(s), I agree to return him/her to the HSOC. I will not give away or sell the foster animal(s), surrender to another shelter or place with any other person or family member without the express permission of the HSOC. \_\_\_\_\_*

*I understand & agree that the HSOC makes no guarantee about the foster animal(s) temperament & is not responsible for any future damages/injuries caused by the foster(s). \_\_\_\_\_*

*I give the HSOC permission to call/visit my home with reasonable notice to assure that the foster animal(s) are being properly treated/cared for. \_\_\_\_\_*

*I agree to keep the HSOC informed of my current address & phone number. \_\_\_\_\_*

**Signature(s):** \_\_\_\_\_

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