



HUMANE SOCIETY OF SARASOTA COUNTY, INC.

2331 15th Street Sarasota, FL 34237 (941) 955-4131

VOLUNTEER FOSTER CARE APPLICATION

The Humane Society of Sarasota County (HSSC) appreciates the invaluable service that foster parents provide. We want to make most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____

E-mail address: _____

Have you fostered an animal before? _____ From HSSC? _____ If yes, when _____

Another group _____

Are you a permanent resident of Florida? Yes _____ No _____ If no, what months do you reside in FL.?

Age group in your household: Under 18 _____ 18-25 _____ 25-44 _____ over 45 _____

Do you have pet allergies? Yes _____ No _____

Do you have pets in your household now? Yes _____ No _____

If yes, what type and how many? _____

Are they spayed or neutered? _____

Are they current on vaccinations? _____

Are they tolerant of other animals? Yes _____ No _____

Your veterinarian's name: _____ Phone: _____

Have you ever cared for:

Young kittens? Yes _____ No _____

Young puppies? Yes _____ No _____

Pets requiring medication? Yes _____ No _____

Is there an area to confine your foster pets? Yes _____ No _____

If yes, where? _____

This prospective foster home is interested in fostering:

Kittens with no mother (bottle feed) Yes _____ No _____

Puppies with no mother (bottle feed) Yes _____ No _____

Underage kittens? Yes _____ No _____

Underage puppies? Yes _____ No _____

Medically recovering cats? Yes _____ No _____

Medically recovering dogs? Yes _____ No _____

Cats needing behavioral modification? Yes _____ No _____

Dogs needing behavioral modification? Yes _____ No _____

Do you: rent _____ own _____ **is it a** house _____ apartment _____ condo _____ mobile home _____

or

Live with parents/relatives _____

If you rent, landlord's name and address: _____

Landlord's phone number: _____

Do you work? Yes _____ No _____

How many hours per day will the animal be alone? _____ hrs.

Do you have children? Yes _____ No _____ If yes, what are their ages? _____

Is everyone in your family comfortable with the idea of providing foster care? Yes _____ No _____

Are you willing to transport the animal(s) back and forth to the shelter, or an off-site event?

Yes _____ No _____

Do you have a time limit on fostering an animal? Yes _____ No _____ If yes, what is the limit _____

I agree to allow Humane Society of Sarasota County to inspect my home to determine if I will be a candidate for Foster Parenting. Yes _____ No _____

As a foster parent for Humane Society of Sarasota County, I agree to abide by HSSC's policies and procedures. I understand that although HSSC takes reasonable care to screen animals for foster care placement it makes no guarantee relating to the animals health, behavior or actions. I understand that if anyone is interested in adopting the animal(s) I am fostering (including me) I must go through the standard adoption process.

Signature: _____ Date: _____

Staff

Signature: _____ Date: _____

FOR STAFF USE ONLY: Approved for home visit: Yes _____ No _____

Staff

Signature _____ Date: _____