



## Foster/Adoption Application

We will not process your application unless it is COMPLETE! All applicants must be 18 years of age or older. You will be contacted within 3 business days if your application is approved.

Date: \_\_\_\_\_ I want a \_\_\_ dog or a \_\_\_ cat Specific Animal Name: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City/State: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Do you live in a \_\_\_ house, \_\_\_ apartment, \_\_\_ townhome, \_\_\_ mobile home, or \_\_\_ other: \_\_\_\_\_

Do you \_\_\_ rent or \_\_\_ own? If you rent, we will have to contact your landlord or management company.

Please provide their name and telephone number: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

How old are the children? \_\_\_\_\_

Do the children have experience with pets? \_\_\_\_\_

Does everyone in your household support your choice to foster or adopt? \_\_\_ Yes or \_\_\_ No

Is anyone in your home allergic to or afraid of dogs or cats? \_\_\_ Yes or \_\_\_ No

If yes, please explain: \_\_\_\_\_

**I would like to: \_\_\_ foster, \_\_\_ adopt, or \_\_\_ foster to adopt**

Check all that apply:

I want a pet for: \_\_\_ Family \_\_\_ Gift \_\_\_ Protection \_\_\_ Hunting \_\_\_ Other: \_\_\_\_\_

\_\_\_ I have a job \_\_\_ I am a homemaker \_\_\_ I am a student \_\_\_ I am other: \_\_\_\_\_

If you are a student what is your current year of enrollment? \_\_\_\_\_

Check all sources of income: \_\_\_ self \_\_\_ co-applicant \_\_\_ retirement \_\_\_ government program

How much per year do you think it will cost to care for this animal? \_\_\_\_\_

Please describe the area of your home where the animal would be kept: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ If so, what type of fence? \_\_\_\_\_

If you are interested in a cat or kitten, will you be willing and able to keep it indoors at all times? \_\_\_

How long would the animal be alone each day? \_\_\_\_\_

Where will the animal be kept during the day? \_\_\_\_\_ at night? \_\_\_\_\_

Do you have a car at all times? \_\_\_ Would you be able to take the animal to a veterinarian? \_\_\_

How will you exercise the animal? \_\_\_\_\_ How often? \_\_\_\_\_

Who will be the main caregiver for this animal? \_\_\_\_\_

How will the animal be cared for during overnight absences or vacations? \_\_\_\_\_

Do you currently have pets in your household? \_\_\_\_ If so, please list the species, number and age of each pet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your regular Veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

Are all pets up to date on vaccinations? \_\_\_\_ Are all pets spayed/neutered? \_\_\_\_

If no, please explain: \_\_\_\_\_

If you have cats, have they been tested for Feline AIDS (FIV) and Leukemia (FeLV)? \_\_\_\_

What were the results of both tests? \_\_\_\_\_

Have they been vaccinated against these diseases? \_\_ Yes or \_\_ No

Please list ALL pets owned within the last 15 years:

Please include name, species, age if living, if deceased age at time of death and cause of death. Extra paper available upon request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an area where a new pet or foster animals can be isolated from your own animals if needed? \_\_ Yes or \_\_ No

Briefly explain why you would like to foster/adopt/foster to adopt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had to give up a pet? \_\_\_\_ If yes, why and where did you take it? \_\_\_\_\_

Under what circumstances would you consider giving up your pet? Check all that apply:

Dog:  
\_\_ Chewing                      \_\_ Barking                      \_\_ Digging                      \_\_ Housebreaking issues  
\_\_ Jumping                      \_\_ Escape/Run Away                      \_\_ Other: \_\_\_\_\_

Cat:  
\_\_ Spraying                      \_\_ Scratching Furniture                      \_\_ Other: \_\_\_\_\_

Dog or Cat:  
\_\_ Shedding                      \_\_ Allergies                      \_\_ Jumping on furniture  
\_\_ Other: \_\_\_\_\_

Please list two references: (do not list anyone related to you):

1.	_____	_____	_____
	Name	Relationship	Contact info
2.	_____	_____	_____
	Name	Relationship	Contact info

**Adoption Only:** You must also fill out an adoption and sterilization contract.

I am willing and financially able to make the necessary commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the care of the pet.  Yes or  No

I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan.  Yes or  No

I am fully prepared to make the commitment of time to care for a pet by providing training, regular exercise, grooming, and human interaction for the life of the pet.  Yes or  No

**Foster/Foster to Adopt Only:** You must also read and sign our 'Foster Contract.'

When would you be able to start fostering? \_\_\_\_\_

Are there any restrictions on how long you can foster? \_\_\_\_\_

Are you currently fostering for another organization?  If yes, which organization? \_\_\_\_\_

Please indicate which types of animals you would be willing to foster:

<input type="checkbox"/> Nursing mothers with babies	<input type="checkbox"/> Dogs with minor injuries
<input type="checkbox"/> Puppies	<input type="checkbox"/> Dogs that need socialization
<input type="checkbox"/> Elderly dogs	<input type="checkbox"/> Other: _____

Please tell us about any present or previous foster experience: \_\_\_\_\_

Have you had any first aid training?  If yes, please describe: \_\_\_\_\_

In your opinion, what physical symptoms/behaviors would warrant immediate medical attention? \_\_\_\_\_

Would you be willing to adopt your foster animal if no permanent home can be found?

Are you willing to take your foster animal to vet appointments made by us?

Are you willing to administer medications should the animal require them?

If your foster animal were ill or injured and the veterinarian and HSPCV concluded that it would be best to euthanize that animal, would you be supportive of the decision?

Are you prepared for the financial commitment required to be a foster?

\*\*\* For emergency approval, please email Marge at mobando@hsopcv.org, otherwise call the office at 540-674-0089 to get approval for minor/non-emergency ailments.

Please keep in mind the foster animal may not want his/her food/food bowl/crate to be touched. A transition period is needed. If you have questions regarding an animal's behavior, please contact the office staff at 540-674-0089 or office@hsopcv.org

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By signing below, I hereby state that I have never been convicted of animal cruelty, neglect, or abandonment of any animal or animals.

I certify that the above information is correct, and I understand that Pulaski County Animal Control and the Humane Society of Pulaski County, Virginia have the right to verify this information.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_