



## FOSTER PARENT APPLICATION

Thank you for your interest in becoming a volunteer foster for Hush Puppy Haven. The information you provide will enable us to find the most appropriate foster care for a given animal. Please fill out all spaces completely and as accurately as possible. Be assured that we will not give out your personal information to any person except those operating Hush Puppy Haven program and your information will not be available to the public for any reason.

**Please note:** For everyone's protection, interaction between the pet's owner and foster family is prohibited. We also have the right to take back a foster animal at any time.

First and Last Name: \_\_\_\_\_

18 or older?  Yes  No

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred contact:  Home  Work  Cell  E-mail

Do you:  Own home?  Rent?  Live with parents?  Other?

If you rent, we will need the name and number of your landlord.

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

If you live with your parents, please provide their name(s) and number(s):

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

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

Are there children in your home?  No  Yes If yes, age of youngest child: \_\_\_\_\_

What types of animal(s) are you interested in or be willing to foster? Please check all that apply.

Cats  Dogs  Other(s) \_\_\_\_\_

Limitations: \_\_\_\_\_

Limitations on Size: \_\_\_\_\_ Number of animals: \_\_\_\_\_ Duration: \_\_\_\_\_

Please list all animals you currently have (include type/breed, age, demeanor, spayed/neutered). Use additional sheet of paper if necessary.

Type/Breed	Age	Demeanor	Spayed/ Neutered?	M/F?

What is the name of your veterinarian and their contact number: \_\_\_\_\_

Who will be responsible for the care of the animal(s)? \_\_\_\_\_

Where will the animal(s) be kept during the day? \_\_\_\_\_

Where will the animal(s) be kept at night? \_\_\_\_\_

How do you plan to provide for exercise and toilet duties? \_\_\_\_\_

What type of indoor confinement do you have (bathroom, crate, laundry room, etc.)? \_\_\_\_\_

How many hours per day will the animal(s) have human companionship? \_\_\_\_\_

Hush Puppy Haven will provide food. Are you able to provide any basic necessities (i.e. leash, bedding, bowls, etc.)? \_\_\_\_\_

What, if any, additional supplies would you need help with? \_\_\_\_\_

I certify that all the information in this application is true and correct to the best of my knowledge. I am at least 18 years of age and everyone in the household has been involved in the decision to foster. I understand that a home orientation is required before fostering any animal, as is landlord approval in writing for those renting. I further understand that Hush Puppy Haven is not responsible for any property or personal damage, wounds inflicted or illness caused by the foster animal(s).

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

**Once completed, please mail this application to:**

**Hush Puppy Haven**

P.O. Box 7232, Daytona Beach, FL 32116

Phone: 386-320-3413

Website: [www.hushpuppyhaven.org](http://www.hushpuppyhaven.org)

[info@hushpuppyhaven.org](mailto:info@hushpuppyhaven.org)