



THE HEALTHY HEARTS & PAWS PROJECT

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THE HEALTHY HEARTS AND PAWS PROJECT FOSTER APPLICATION

Welcome to The Healthy Hearts and Paws Project foster program! We are glad you have come to foster a pet from our organization. Please make sure you completely fill out the application before submitting it. Missing information will delay the process and false information will result in your application automatically being denied.

The Healthy Hearts and Paws Project reserves the right to refuse fostering to anyone. No animal will be fostered with person(s) having a history of losing, giving away, selling or having animals injured or killed by moving vehicles. No animal will be fostered by individuals who mislead or fail to provide accurate information on the foster application.

IN ORDER TO COMPLETE THE APPLICATION YOU MUST:

- Be 21 years of age or older
- Have identification showing your present address
- Have knowledge and consent of your landlord (including adult children living with parents)
- Be able and willing to spend the time necessary to provide training, medical treatment, and proper care and adoption exposure for a pet.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME #: _____ WORK #: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____

EMAIL ADDRESS: _____

What kind of pet are you interested in? Dog Puppy Cat Kitten Other _____

Do you have a specific animal in mind? Yes No What is the animal's name? _____

How did you hear about The Healthy Hearts and Paws Project? (please circle)

Facebook SPCA Website Petfinder Petango Drive-by Other: _____

The following information is requested so that your foster counselor can assist you in the selection of a new foster pet. The animal's welfare is our foremost consideration.

The animals available for foster come here from a variety of sources. All animals are examined by a veterinarian and routinely monitored while in our care, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

1. Why do you want to foster a pet? _____

2. Is this your first experience fostering a pet? Yes No

3. What pets do you currently have in your household and where did you obtain them?

Name: _____

Dog Cat Spayed/Neutered Yes No Age: _____

Kept where: In Out Current on vaccinations: Yes No

Name: _____

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Name: _____

Dog Cat Spayed/Neutered Yes No Age: _____

Kept where: In Out Current on vaccinations: Yes No

4. List pets owned in the last 10 years other than those listed above and where they are now:

5. Have you ever had to find another home for a pet? If so why? _____

6. Who is your veterinarian? _____ Phone: _____

I agree to release veterinary records to The Healthy Hearts and Paws Project for the purpose of this foster. _____ (Initials)

7. Do you currently live in a House Apartment Condo Mobile Home Duplex

8. Do you Own Rent

9. If you rent, does your lease allow pets? Yes No

If yes, please provide lease agreement or a number where your landlord can be reached to confirm you are allowed to have pets. _____

10. How long have you lived at the above address? _____

11. How many people live in your household? _____

Do all the adults know you plan to foster? Yes No

If there are children in the household, what are their ages? _____

12. Do you or anyone in the household have any allergies to animal? Yes No

13. Who will be the primary caregiver of this animal? _____

14. Where will the pet be kept during the day? _____ At night? _____

15. How many hours will it spend without human companionship and where will it be kept during that time? _____

16. Please list one personal reference (not related to you) and their phone number:

17. What will you do if your dog/cat chews/claws the furniture or shows other destructive behaviors? _____

DOG FOSTERS ONLY

A. Do you have a fenced in yard? Yes No If yes, how high? _____

If no, how will you confine the dog to your property? _____

B. Are you prepared to housetrain your new foster dog or puppy? Yes No

C. Are you familiar with leash and licensing laws in your community? Yes No

D. Are you familiar with crating? Yes No

How do you feel about crating? _____

Are you planning on crating your new foster dog/puppy? Yes No

CAT FOSTERS ONLY

A. Will this cat be allowed outdoors? Yes No

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE. THANK YOU!

Residence Check (Driver's License) _____

Current Address? Yes No

Landlord Approval _____ Copy Attached _____

Veterinary Reference _____

Personal Reference _____

Additional Comments: _____

Foster Counselor: _____ Approved Denied _____