



One Shelter Dr  
Palm Coast, FL 32137  
386.445.1814  
foster@flaglerhumanesociety.org

# FOSTER ANIMAL APPLICATION

THANK YOU FOR CHOOSING TO FOSTER AT FLAGLER HUMANE SOCIETY

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Preferences

Check all that apply

- Dogs
- Puppies
- Nursing mom/litter
- Cats
- Kittens
- Nursing mom/litter
- Rabbits
- Other \_\_\_\_\_

Special Cases

Check all that apply

- Bottle feeding
- Health issues
- Seniors
- Needs Socialization
- Other \_\_\_\_\_

How many animals can you care for at once?

\_\_\_\_\_

How did you learn about the FHS foster program?

\_\_\_\_\_

Would you allow an FHS representative to visit your home?

Yes  No

Are you able to bathe or groom your foster pet?

Yes  No

Have you ever fostered pets before?  Yes  No If yes please describe:

\_\_\_\_\_



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If you had to keep your fosters away from your personal pet's could you?

Yes  No

Are you able to keep appointments for follow up visits and vaccinations?

Yes  No

Are you able to provide supplies for the animals in your care?

Yes  No

Are your personal pet's current on their vaccinations?

Yes  No

List the name, breed, age, sex, and sterilization status of all your current personal pets:

I understand that foster animals remain the property of the Flagler Humane Society, Inc. and that they retain all rights regarding animals in foster care. All information that I have provided is true and correct.

I understand and agree to all fostering stipulations

Foster Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Foster Printed Name:

\_\_\_\_\_