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
Boxed checkboxes for choices: Dogs, Puppies, Nursing mom/litter, Cats, Kittens, Nursing mom/litter, Rabbits, Other _____________________

Check all that apply

Special Cases
Boxed checkboxes for choices: Bottle feeding, Health issues, Seniors, Needs Socialization, Other _____________________

Check all that apply

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?

Boxed checkboxes for choices: Yes, No

Have you ever fostered pets before?

Boxed checkboxes for choices: Yes, No

If yes please describe:

__________________________________________
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:  
__________________________