



## FOSTER PROGRAM APPLICATION – DOGS

### PERSONAL INFORMATION:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Secondary Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Date of Birth

### HOUSEHOLD DISCLAIMER:

We are not responsible for any pet fees required by your landlord/owner of the property. We are not responsible for any damages that could occur by the animal you are fostering.

Are pets allowed where you live? YES \_\_\_\_\_ NO \_\_\_\_\_

### PET ACCOMODATIONS:

How many hours per day will your foster pet be home alone?

\_\_\_\_\_  
1 – 5 hours

\_\_\_\_\_  
5 – 10 hours

\_\_\_\_\_  
Greater than 10

\_\_\_\_\_  
Never

Do you have a fenced yard (preferred)? YES \_\_\_\_\_ NO \_\_\_\_\_

**PERSONAL PETS:**

Do you own any pets? INDICATE THE NUMBER THAT APPLIES:

\_\_\_\_\_ CAT(S)                      \_\_\_\_\_ DOG(S)                      \_\_\_\_\_ NONE

If you own pets, are all your pets spayed/neutered and up to date on their vaccinations?

Spayed/Neutered: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Vaccinated: \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**FOSTER PREFERENCES:**

Please indicate what types of animals you are willing to foster:

Bottle Baby Puppies \_\_\_\_\_

Behavioral Fosters \_\_\_\_\_

Adult Dogs (Age 1 year +)

Puppies (up to 1 year)

I agree that all the information above is correct as written. I authorize HSBR to verify my information.

THANK YOU SO MUCH FOR YOUR INTEREST IN FOSTERING A PET FROM THE HUMANE SOCIETY OF BLUE RIDGE. PLEASE SIGN AND DATE BELOW SO WE CAN BEGIN YOUR JOURNEY AS A FOSTER PARENT!

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE