

# Humane Society of North Texas

1840 E. Lancaster Ave • Fort Worth, TX 76103

(P) 817-332-4768 • (F) 817-332-2164 • hsnt.org

## Foster Parent Application

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**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

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**Email address** \_\_\_\_\_ **Alternative contact #** \_\_\_\_\_

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**Landlord's Name (if applicable)** \_\_\_\_\_ **Phone number** \_\_\_\_\_

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**Place of Employment** \_\_\_\_\_ **Position** \_\_\_\_\_

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**Normal work days** \_\_\_\_\_ **Normal work hours** \_\_\_\_\_

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**Name of Veterinarian** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Number of adults currently living in your household** \_\_\_\_\_

**Number of children currently living in your household** \_\_\_\_\_

**Ages of the children currently living in your household** \_\_\_\_\_

**Please list all animals currently living in your household: (use back if necessary)**

<b>Name</b>	<b>Breed</b>	<b>Sex</b>	<b>Age</b>	<b>Altered?</b>	<b>Date vaccinated?</b>
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**Why do you want to be a foster parent for the Humane Society of North Texas?**

**Do you or have you fostered for other groups? Which ones?**

**Please list any past experience with treating ill, young, or unsocialized animals.**

**Please check next to the animals you are willing to foster (check all that apply):**

<input type="checkbox"/> small dogs	<input type="checkbox"/> medium dogs	<input type="checkbox"/> large dogs	<input type="checkbox"/> puppies
<input type="checkbox"/> cats	<input type="checkbox"/> kittens	<input type="checkbox"/> rabbits	<input type="checkbox"/> birds
<input type="checkbox"/> goats	<input type="checkbox"/> sheep	<input type="checkbox"/> pigs	<input type="checkbox"/> horses
<input type="checkbox"/> cows	<input type="checkbox"/> snakes	<input type="checkbox"/> chickens	<input type="checkbox"/> ducks
<input type="checkbox"/> ferrets	<input type="checkbox"/> pocket pets	<input type="checkbox"/> wildlife	
<input type="checkbox"/> ill or injured	<input type="checkbox"/> bottle-fed babies	<input type="checkbox"/> mom and litter	<input type="checkbox"/> elderly

**Pets belonging to:**

<input type="checkbox"/> Incapacitated people	<input type="checkbox"/> People displaced by disaster
<input type="checkbox"/> Cruelty case pending in court	<input type="checkbox"/> People leaving abusive partners
<input type="checkbox"/> Military personnel called to duty	

**Describe where you will keep the foster animal(s).**

**Can you keep your pets isolated from the foster animal? If so, how?**

**Would you object to an in-home inspection?**