

Harley's Hope Foundation
Application for Emergency Foster Care

The focus of our Emergency Foster Care program is to provide for pet parents who are hospitalized or recovering from a medical procedure. We **may** be able to help in short-term emergencies and will review on a case-by-case basis. If approved for emergency foster care, please note that we can only keep animals for six weeks or less. We are not equipped to provide long-term care.

All animals coming into emergency foster care must be current on all vaccinations, in good health (some chronic health conditions may be accepted), and be well socialized. We cannot accept pets with severe separation anxiety, a history of biting or attacking, or aggression towards other animals.

We can no longer assist with housing issues. Due to the shortage of affordable housing in Southern Colorado, housing cases are extending out far too long. We may consider these cases IF you have and can show a signed rental agreement and simply have a gap between when you move out of your current home and into a new home.

Complete the following application in its entirety and **provide the following:**

- **Proof of financial need** (For a current list of accepted public assistance, please visit our website www.harleys-hopefoundation.org/services.htm.)
- **Veterinary notes indicating pet is current on vaccinations and is spayed/neutered**
- **Digital photo of your pet, if available.**

Applications that are not complete or are not accompanied by the required documentation will not be reviewed. **You must submit all the required documentation within 24 hours after you submit your application or your application will be declined.**

Submit your application:

- Online at <http://harleys-hopefoundation.org/applicationforservices.html> (If you submit your application online but are unable to upload documents, you may email or fax them.)
- Or Email to info@harleys-hopefoundation.org
- Or Fax to (719) 495-5945

QUALIFICATION SURVEY	Yes	No
Have you approached all family members/friends/co-workers for help prior to requesting foster care from Harley's Hope Foundation? <i>Foster homes are difficult to come by. We reserve our space for those without other options who might otherwise be forced to give up their companion/service animals.</i>		
Can you provide proof of financial need indicating your inability to pay for professional kenneling/boarding services?		

If you have answered "No" to any of the qualification survey questions, do not submit your application.

Do not leave any questions blank. If the question does not apply, answer “n/a”

Client Information	
Name:	Phone Number:
Address:	City:
State:	Zip Code:
Email Address:	
Total Household income: (Include significant other/spouse's income)	Employed? ____Yes ____No
Name of Employer:	Hours per week:
Address of Employer:	
Are you receiving public assistance of any type? ____Yes ____No What kind: Amount: Frequency:	
What is your Primary Source of income?	
How many other people live in the household?	How many are adults?
Do adults work?	If not, why not?
Do you own or rent your home? ____Own ____Rent	Do you own a vehicle? ____Yes ____No
Will you be able to reclaim your animal within the maximum length of time from date of surrender? Dog – 4 weeks maximum Cat – 6 weeks maximum If we take your animal into foster care and you fail to stay in touch or reclaim your pet at the agreed upon date, HHF will surrender custody of the animal to a local shelter or rescue for rehoming.	____Yes ____No

Have you requested financial assistance from other agencies, including Care Credit, credit cards, or individuals to treat this particular issue? You must have exhausted all other options prior to applying to Harley's Hope Foundation. Please indicate to whom you have applied, the date of approval or denial and any monies received.

Individual/Organization	Date of Approval/Denial	\$ Received

Pet Information		
Pet Name:	Species:	Age:
Spayed/Neutered? ___Yes ___No	Breed:	Gender:
*Service Animal?: ___Yes ___No	*Based on the definition under Title II of the Americans with Disabilities Act, a service animal is a dog or miniature horse, individually trained to perform tasks related to the person's disability.	
If yes, what tasks has the animal been trained to do for you?		
Dates your pet needs to be fostered/boarded		
Reason for requesting emergency foster care		
Is your pet socialized with humans and other animal? ___Humans ___Dogs ___Cats		
Does your pet have any behavioral issues? Please explain		
Does your pet have any special medical needs? Please explain		
Is your animal up to date on vaccinations? ___Yes ___No		
Date of Last Exam: <i>(If your pet has gone more than 24 months without seeing a veterinarian, you do not qualify. Please do not complete the application.)</i>		
Name, address and phone number of your Veterinarian/Veterinary Clinic: <i>(Applicants must have an established relationship with a veterinarian in order to qualify for assistance. Please note we may contact your veterinarian to confirm that they have treated your animal. If you have recently moved and have not yet found a veterinarian in your new location, please list your most recent veterinarian.)</i>		
Species and number of other pets in the household:		

Are all other pets spayed or neutered? ____Yes ____No
Are cats kept indoors: ____Yes ____No If no, please explain
Are dogs kept outside: ____Yes ____No If yes, please explain
Are dogs kept chained: ____Yes ____No If yes, please explain
Do dogs ride in back of trucks: ____Yes ____No If yes, please explain

HARLEY'S HOPE REQUIRES ALL FUNDING RECIPIENTS TO:

- Grant permission to use your photo and your animal's photo and story in marketing and fundraising materials.
- Write a Testimonial.
- Consider volunteering time with Harley's Hope. Please check the items below you are able to do (see Volunteer Agreement section for explanations of each):
 - Fundraising
 - Short-term pet care
 - Special skills or contacts you may have: Explain

- Consider a future monetary donation when your financial situation improves.
- Consent to follow-up phone calls/emails from a HHF representative within 2 weeks, 6 months and 1 year post-assistance. If HFF does not hear back from you after two attempts to contact you, you will not be eligible for any future assistance from Harley's Hope Foundation.
- Inform HFF if your address or phone number change during the 12 month post-assistance period.
- View educational pet care workshops offered through HHF's annual HOPE Series available on YouTube or HHF website.

Do you agree to all requirements? ____Yes ____No

I, _____ (please print full name), certify that the answers on this application form are true and correct, and understand if I willingly provide false answers, Harley's Hope Foundation will take legal action to recoup the funding obtained under fraudulent means. Furthermore, I agree to release Harley's Hope Foundation and its service providers (veterinarians, trainers, and fosters) from liability should the veterinary care, emergency foster care, or behavioral training rendered prove unsuccessful or the animal becomes ill or injured while in our care.

Signature of pet's legal guardian: _____

Date: _____