



Harley's Hope Foundation Foster Home Application

Name _____ Spouse's/Partner's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse's Phone _____

Are you over 18 years of age ____ Yes ____ No (fosters must be over 18 years old)

Email address _____

Do you ____ own or ____ rent your home or apartment? If you rent, what is the name and phone number of the landlord/owner _____

How long have you lived at this address? _____

Do you have a fenced yard? ____ Yes ____ No If yes, what kind and height _____

If no, how will you exercise your foster dog/puppy? _____

How many people reside in the household? ____ Adults ____ Children Ages of Children _____

How long will the foster animal be left alone during the day? _____ hours

Have you fostered animals before? ____ Yes ____ No If yes, for what animal welfare organization? _____

Please provide a brief description of the type of fostering you have done _____

Please check the animals that you have experience/knowledge with and the space to foster:

____ Adult dog, what breeds and how many can you foster? _____

____ Puppies, how many can you foster? _____

____ Adult cats, how many can you foster? _____

____ Kittens, how many can you foster? _____ Will you take a mom and kittens? _____

Do you have experience bottle-feeding orphaned kittens? _____

____ Other Species _____

Your Current Pet's Information (please list all current pets):

- 1) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____
- 2) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____
- 3) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____
- 4) Species _____ Breed _____ Age _____ Gender _____ Current on rabies _____ Current on other vaccinations _____

Are all of your animals spayed or neutered? Yes No If no, are you willing to get them spayed or neutered? Yes No

What veterinary hospital do you use? _____
 If HHF does not work with your current veterinarian, are you willing to transport foster animal to an HHF network provider for care? Yes No

Will foster animal have free-roam of the house? Yes No Where will they sleep at night? _____

If necessary, are you able to keep the foster animal separate from your own current pets? Yes No Where will they be kept? _____

Please circle any supplies you require: dog crate/kennel(small/medium/large) cat carrier puppy pads puppy pen leashes/collars dog/puppy food cat/kitten food kitten formula litter box litter (clay/scoopable/other)

I, _____ (print name) agree to provide a safe foster home for HHF foster animals to include: indoor shelter, adequate food/water, exercise as appropriate, love and affection, and to contact HHF immediately should the foster animal become ill or injured or require professional training or grooming. Furthermore, I agree to notify HHF at least 1 week in advance when needing vacation coverage for my foster animal.

I, _____ (print name) agree to transport my foster animals to and from as many adoption events as possible in order to increase their chances of being adopted into a good forever home.

 Foster Parent Signature

 Date

 HHF Representative Signature

 Date

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