**Gulf Coast Humane Society**

# Foster Care Application

Fostering an animal requires a great amount of time and patience. Bottle babies must be fed every 2-3 hours until they are old enough to eat soft foods on their own. Seniors often require many medications and special allowances as their bodies become older. Before filling out this application, please make sure you have read the Foster Parent Handbook. Please note that applicants who live more than 45 minutes away from GCHS are not applicable. Visit the foster tab at gchscc.org for more information or e-mail erodriguez@gchscc.org. Please fill out the following information:

Are You 18 year of age or older? \_\_\_\_\_\_ If not please state your age:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt:\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment/ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Policy: Please note that we do not do landlord checks for foster parents. If you wish to adopt any of your foster animals the adoption requirements are different from foster requirements.

How many people currently live in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any children in the home?\_\_\_\_\_\_\_\_ Ages:\_\_\_\_\_\_\_

Does anyone in the home have allergies to pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do all members of the household approve of bringing a foster animal(s) into the home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all pets currently in the home:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Species/ Breed | Age | Spayed/ neutered? | Indoor/ outdoor | Vacc. Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Veterinarian and phone number:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you are interested in fostering:

Please explain any experience you have with fostering:

People can become very attached to their fosters. Do you feel you are emotionally capable of releasing the animal back to the shelter or handling their possible death?

Please describe where you will be keeping your foster animal?

How many hours will the animal be left alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check all that apply to your preferences:

Species: \_\_\_\_\_\_ Feline \_\_\_\_\_ Canine

Type of care: \_\_\_\_\_\_ Bottle baby

\_\_\_\_\_\_ Immature Babies

\_\_\_\_\_\_ Family (mom w/ babies)

\_\_\_\_\_\_ Bucket List (senior or terminally ill)

\_\_\_\_\_\_ Short Term

\_\_\_\_\_\_ Medical

**Are you applying for the Youth Foster Program? If so please provide a parent name, phone number, and e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of the Gulf Coast Humane Society and authorize GCHS to conduct an on-site inspection of the premises where the animals will be kept.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_