

Twin County Humane Society

P.O. Box 125, Hillsville, VA, 24343 | Helpline: (276) 728-4038 | twincountyhumanesociety.org
info@twincountyhumanesociety.org | facebook.com/twincountyhumanesociety

FOSTER APPLICATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Have you ever been convicted of animal cruelty, neglect or abandonment: Yes/No

Type of animal you are willing to foster: _____

Will you be able to take the animal to vet appointments and allow potential adopters to visit the animal: Yes/No

Are you willing to houstrain a dog or litter box train a cat: Yes/No

Are you willing to use a crate for a dog if recommended: Yes/No

Do you have the consent of all residing in your household to foster an animal: Yes/No

Are there any children in your household? If so, what are their ages? _____

PETS CURRENTLY OWNED (list names, breed, age, sex of each, spayed/neutered, current on vaccines and whether they are indoor/outdoor pets.

Will your current pets tolerate other pets in the house: Yes/No

Where will the animal be kept when you are home? _____

How much time will the animal spend alone during the day? _____

Where will the animal be kept when you are not home? _____

Where will the animal sleep? _____

Is your yard fenced? Yes/No If so, type of fence and height: _____

If not fenced, how will the animal get exercise: _____

Veterinarian's Name and Phone Number: _____

Will you allow a representative of Twin Co. Humane Society to visit your home: Yes/No

Foster Program Agreement

1. Only animals approved by the Board will be foster animals.
2. Animals with severe behavioral problems and/or that have bitten or shown aggression will not be foster animals.
3. Foster agreement includes spay/neuter, first worming, rabies vaccination and first inoculations. Heartworm test for dogs and leukemia test for cats will be given when deemed necessary.
4. All of the adoption fee will be returned to Twin County Humane Society.

I understand that when fostering an animal for Twin County Humane Society, I am fully responsible for the well being of the animal. I understand that I will be providing food and shelter for the animal while Twin County Humane Society will provide veterinary services. I am responsible for letting the foster chair, Lauren Self, or another representative of the Twin County Humane Society know if the animal becomes ill and will take it to the veterinarian specified by that person. I understand that I am not to adopt out any animal that belongs to Twin County Humane Society before the adoption is approved by the Adoption Committee. I understand that if I can no longer foster the animal, I will contact the Adoption Committee chairperson, Lauren Self.

Name: _____

Signature: _____

Date: _____