

Home check date: \_\_\_\_\_  
Home check volunteer \_\_\_\_\_

# House with a Heart Senior Pet Sanctuary

Gaithersburg, Maryland • (240) 631-1743

## FOSTER HOME APPLICATION

*Tell us about yourself*

Name of potential foster: \_\_\_\_\_

Driver's license number/ issuing state: \_\_\_\_\_

Why do you want to foster/hospice an end-of-life pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End-of-life foster pets generally need euthanasia decisions made of their behalf. Will you be able to do this? \_\_\_\_\_

\_\_\_\_\_

End-of-life pets generally need multiple medications (topical, oral and/or injectable). Will you be able to administer these? \_\_\_\_\_

\_\_\_\_\_

End-of-life pets may not be able to hold their bladder and/or bowels and lose their housetraining abilities. Are you willing to

deal with the extra care and clean up that this might involve? \_\_\_\_\_

\_\_\_\_\_

What types of pets have you cared for in the past? \_\_\_\_\_

\_\_\_\_\_

*Tell us about your home*

Home address: \_\_\_\_\_

\_\_\_\_\_

*please list your preferred phone number and your preferred email address to be use when contacted by HWAH*

Home telephone number: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell phone number: (    ) \_\_\_\_\_

Business phone number: (    ) \_\_\_\_\_ Business e-mail address: \_\_\_\_\_

Do you \_\_\_\_\_ own or \_\_\_\_\_ rent where you live? Type of dwelling (check one): \_\_\_\_\_ single family home

\_\_\_\_\_ townhouse \_\_\_\_\_ apartment/condo \_\_\_\_\_ other (specify) \_\_\_\_\_

Do you have steps? \_\_\_\_\_ Yes \_\_\_\_\_ No Details: \_\_\_\_\_

Where do you plan to keep the foster pet? \_\_\_\_\_

Do you have a way to separate the foster pet from your household animals *if necessary*? Describe: \_\_\_\_\_

\_\_\_\_\_  
If you rent, do you have the approval from your landlord to keep a pet? \_\_\_\_ Yes \_\_\_\_ No

Landlord's name and telephone number \_\_\_\_\_

\_\_\_\_\_  
We will ask to see a copy of your lease.

Do you have a fenced yard? If so, how high is your fence? \_\_\_\_\_ ft.

What kind of fence is it? \_\_\_\_\_

*Tell us about your family*

Do you have children? \_\_\_\_ Yes \_\_\_\_ No If yes, what are their ages? \_\_\_\_\_

Senior and hospice pets might not do well in a home with very young children

Are there other adults in the home not listed above? \_\_\_\_\_

Do all family members understand what hospice and/or end-of-life care might entail and do they support your decision to foster? \_\_\_\_\_  
\_\_\_\_\_

Your pets

Please list all the pets you have owned in the past 10 years. Are they still with you? If not, what happened to them?

Pet #1: Type/Name \_\_\_\_\_ Still with you? \_\_\_\_ Yes \_\_\_\_ No

If yes, pet's age \_\_\_\_\_ If no, what happened? \_\_\_\_\_ neutered/spayed? \_\_\_\_ Yes \_\_\_\_ No

Pet #2: Type/Name \_\_\_\_\_ Still with you? \_\_\_\_ Yes \_\_\_\_ No

If yes, pet's age \_\_\_\_\_ If no, what happened? \_\_\_\_\_ neutered/spayed? \_\_\_\_ Yes \_\_\_\_ No

Pet #3: Type/Name \_\_\_\_\_ Still with you? \_\_\_\_ Yes \_\_\_\_ No

If yes, pet's age \_\_\_\_\_ If no, what happened? \_\_\_\_\_ neutered/spayed? \_\_\_\_ Yes \_\_\_\_ No

Pet #4: Type/Name \_\_\_\_\_ Still with you? \_\_\_\_ Yes \_\_\_\_ No

If yes, pet's age \_\_\_\_\_ If no, what happened? \_\_\_\_\_ neutered/spayed? \_\_\_\_ Yes \_\_\_\_ No

If you have a pet, is it up-to-date on all its shots and on heartworm preventative? \_\_\_\_ Yes \_\_\_\_ No

If your pet is a cat, is in FEL/FIV negative? \_\_\_\_ Yes \_\_\_\_ No

Name and phone number of the veterinarian that has cared for/is currently caring for your pet(s) \_\_\_\_\_  
\_\_\_\_\_

*Tell us about your lifestyle and preferences*

How many hours are you away from home during an average workday? \_\_\_\_\_ hours. Do you or can you come home for lunch? \_\_\_\_ Yes \_\_\_\_ No If you are gone more than 4 hours at a time, do you have a plan for alternate care of the foster/hospice pet? Describe: \_\_\_\_\_  
\_\_\_\_\_

Is it required that you travel for work?  Yes  No

If yes, who will provide care for your foster while you are gone? \_\_\_\_\_

All fostered pets are **inside** pets and are not to live outdoors. Is this acceptable to you?  Yes  No

Where will the pet be kept during the day? \_\_\_\_\_

Where will the pet be kept at night/sleep? \_\_\_\_\_

Where will the pet be kept when no one is at home? \_\_\_\_\_

Have you ever been convicted of animal cruelty, neglect or abandonment? \_\_\_\_\_

What kind of pet are you looking to foster? Please list the gender, age and weight preference. \_\_\_\_\_

What do you like and dislike in a dog? \_\_\_\_\_

How long are you willing to foster a pet? \_\_\_\_\_

(Some of our older pets will most likely require a longer foster period than others.)

Are you able to lift/carry a pet that might have mobility issues?  Yes  No Weight limit: \_\_\_\_\_

Are you willing to foster a pet that may require ongoing oral medication?  Yes  No  Maybe

Are you willing to foster a pet that may require injectable medication?  Yes  No  Maybe

Are you willing to foster a pet with a handicap? (blind, deaf, mobility issues)  Yes  No  Maybe

Are you willing to foster a pet that may have to be transported frequently to a vet or to our headquarters to see our vet?

Yes  No  Maybe

Have you taken an animal first aid course (not required, but helpful)?  Yes  No When? \_\_\_\_\_

Are you willing to foster a pet that may have house soiling issues?  Yes  No  Maybe

Are you willing to foster a pet that may need bandage/dressing changes?  Yes  No  Maybe

Are you able to help make the tough end-of-life decision for your foster pet?  Yes  No  Maybe

(Note: additional training and support will be given if needed to deal with these issues)

Additional comments/limitations on the type of pet you can foster: \_\_\_\_\_

When are you available to start fostering? \_\_\_\_\_

Do you have any questions or concerns about fostering? If so please list them below so that they can be discussed.

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I understand that the animal(s) that I am fostering remains the property of House with a Heart (HWAH) and that I am acting as their agent in giving care for the animal.

I agree to supervise the pet around everyone, especially children, who come in contact with it while in my care. I agree to provide food, water and shelter for the pet while in my custody. I agree to contact HWAH in advance if emergency medical care becomes necessary, and will seek permission prior to taking the pet to a vet.

If the pet becomes lost, it is my responsibility to contact HWAH immediately, and to contact the local shelter(s), put up signs in the immediate area, and canvas the area in an effort to locate the pet. I understand that the foster pet must wear an ID tag at all times and the pet must never be allowed to roam loose or be unattended for any reason. Foster dogs should always be on a leash when outside unless it is completely fenced in.

I understand that there is always an adjustment period for any foster pet. I am willing to work to make my foster pet(s) a member of my family. I understand that many of these pets have survived tremendous odds and will require TLC.

I agree not to have a person outside of HWAH temporarily care for HWAH's animals unless the person first signs a Foster application.

I understand that HWAH reserves the right to check on the welfare of the pet on my property at any time without prior notice, and to reclaim possession without payment of any kind. In the event that I do not comply with the foster guidelines and/or HWAH reclaims any foster animal from me for any reason, I waive claim to trespasser.

I assume the risks of being bitten, scratched, injured, and/or frightened by pets in connection with my volunteer work with HWAH. I agree to hold harmless the HWAH organization, officers, or volunteers for any injuries, damages, liabilities, losses, judgments, costs, and/or expenses, which I might suffer in connection to the performance of my volunteer activities for HWAH.

If I suspend volunteer activities, or upon HWAH's request at any time, I will immediately return all HWAH supplies, equipment, records, moneys and other items in good clean condition.

I agree to contact HWAH concerning any and all problems associated with the end-of-life pet in my care. If, for any reason, I can no longer care for the pet I will return it to HWAH. I agree to allow HWAH to periodically visit with my foster pet in my home to evaluate its health and discuss further treatment and care options.

I understand the fostering program of HWAH and I have decided to become a foster and agree to all HWAH's policies and procedures.

I agree to release, defend and hold harmless HWAH, its volunteers and officers, from and against any claims, damages, costs or actions incurred as a result of this temporary release of the pet to me before its final adoption, death or transfer is completed at an undetermined future date.

**I have read and understand the above application and will comply with the terms fully.**

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Signature of prospective foster

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Date

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Application reviewed by HWAH representative (signed)

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Date