

HEAR

Happy Endings Animal Rescue
Happyendingar23@yahoo.com
P. O. Box 1835 Pinedale, WY. 82941
307-360-6000

FOSTER PARENT APPLICATION

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Date _____
Name: _____
Age: _____
Mailing Address: _____ City: _____ Zip: _____
Physical Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail Address: _____

Housing

___ Own ___ Rent (Landlord Name & Phone # _____)
___ House ___ Condo/Townhouse ___ Apartment
___ Fenced Yard ___ Dog Crate (Do you have one?)
(H.E.A.R. will supply you with food and bedding for any pet you foster.)
How will you handle toilet duties? _____
Where will the dog or cat sleep? _____
How many people are living in your home? _____
___ Adults (ages) _____ Children (ages) _____
Does anyone in your home have allergies to pets? ___ Yes ___ No
If yes, who: _____
How many pets are living in your home?
___ Dogs (age,sex,breed): _____
___ Cats (age,sex,breed): _____ Other
(species) _____
Are all of your pets current on their vaccinations? ___ Yes ___ No
If no, why: _____
Are your pets spayed and neutered? ___ Yes ___ No
If no, why: _____ Are your dogs
licensed? ___ Yes ___ No
Who is your veterinarian? _____
Vet Phone #: _____

***Veterinarian/ Medical Release – I authorize the release of my pets(or
pets’) medical information from the veterinarian or animal hospital listed
above to HEAR. To my knowledge all of the above information is
correct.***

What happened to your past pets? _____

Have you ever given up a pet? If so, why and to whom or where?

Employer: _____

Position/ Job Description: _____ Full or Part Time _____

Schedule: _____

Have you ever volunteered at a Humane Society, Animal Shelter, rescue group or other animal related organization? If so, please explain your duties:

Please check where applicable:

Looking to Adopt One time Only Once in a while

Want a playmate for current pet(s)

Just wanting a companion for the night Regular/frequent

Considering adoption in the future Seasonal Fostering _____

Should HEAR should call when we need a foster?

You will call when available

Please check where applicable:

Criteria for fostering dog:

Mellow

Energetic

Young

Old Age does not matter

Size: Sm Med Lg

Breed: _____

I Can/want to work with:

House training Socializing

Jumping General Commands

Rehabilitation

Sick injured

Shy abused

Comment _____

Would you be willing to help out by bringing the pet to adoption days or to the vet if necessary? _____

Please contact H.E.A.R. if you wish to take your foster out of town.

PERSONAL REFERENCE

1. Name: _____

Phone #: _____ Relationship _____

RELEASE OF LIABILITY

I hereby release Happy Endings Animal Rescue from any liability of injury or illness my family, pets or I may receive while volunteering as a foster parent for H.E.A.R. I have read, understood and agree to the foster parent guidelines. I understand that any animal in my foster care is the property of HEAR. I understand I am not authorized to allow other people to foster or adopt out this dog to other parties. If I would like to adopt a dog or cat I am fostering, I understand I must bring the animal back to H.E.A.R. and apply to qualify to adopt and pay the adoption fee before I can officially adopt the dog.

Name: _____

Signature: _____ Date: _____

Name of HEAR Representative: _____

Signature: _____ Date: _____

Date of Interview: _____

Approved Denied Why _____

(12/2015)