



**HUMANE SOCIETY**  
**OTTER TAIL COUNTY**

1933 West Fir Avenue  
Fergus Falls, MN 56537  
www.humanesocietyotc.org  
Phone: 218-739-3494  
Fax: 218-739-5313  
Email: shelter@humanesocietyotc.org

Approved: _____
Denied: _____
Reason: _____
Date: _____
Petpoint ID: P _____

# Foster Care Application

**Thank you for your interest in fostering an animal. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals.**

### Contact Information

Your Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/ Partner Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list the names of anyone else 18 years + that will be living with the animal, and date of birth:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Name of Occupation/Employer: \_\_\_\_\_ Length Employed: \_\_\_\_\_

(Partner) Name of Occupation/Employer: \_\_\_\_\_ Length Employed: \_\_\_\_\_

### Your Animals

Please list the pets you currently own and/or are living at your residence:

Animal's Name	Type of Pet	Breed	Age	Sex	Spayed/Neutered
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all current pets up to date on vaccines?  Yes  No

**We require any dogs or cats in the home to be spayed or neutered, if they are 6 months of age or older. All animals in the home must also be up to date on the core vaccines.**

**List Veterinarian Used For Current /Past Pets:**

Veterinary Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If pet(s) are under a different owner name, please list: \_\_\_\_\_

Where are your current animals kept?  Indoor  Outdoor  Garage/Outbuilding

If cat(s) are they declawed?  No  Front Paws Only  All 4 Paws

**Fostering Basics**

Have you fostered before?  Yes  No

If yes, for what organization? What types of animals did you foster? \_\_\_\_\_

If not, what experience have you had with animals that would be helpful in fostering?  
\_\_\_\_\_

Type(s) of animals you are interested in fostering? Check all that apply.

Cats  Kittens  Dogs  Puppies  Critters Other (Specify) \_\_\_\_\_

Do you have any experience training and working with dogs/cats behavioral issues?  No  Yes

If yes, please describe: \_\_\_\_\_

How long will you be able to foster this animal? (Foster periods may typically range from one to eight weeks or until the animal is adopted) \_\_\_\_\_

Do you have any breed size or preference to foster? Please list: \_\_\_\_\_

Do you agree to contact us if you can no longer be a foster home?  Yes  No

**We will provide a 24-hour notice to you, when we need the animal back at the shelter because it is old enough for adoption or we have a potential adopter.**

**Home Environment**

Please be aware that if you are currently renting or living with parents, we will need written proof from the property owner before the application is considered for approval. This includes mobile home parks.

Do you rent or own?  Rent  Own

**The property owner will be contacted to verify permission to foster pets.**

Property owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

In what type of home do you live?  Apartment  Single Family  Mobile Home  Condominium

Mobile home  Farm Other: \_\_\_\_\_

Will children be living with you?  Yes  No List ages: \_\_\_\_\_

Have these children been around animals before:  Yes  No

Are you prepared to supervise your children when they interact with this animal?  Yes  No

Do you run a daycare in your home?  Yes  No

If yes, please list the ages of children in your care \_\_\_\_\_

Who will provide for this animal in your absence (consider vacations, business trips etc.)?  
\_\_\_\_\_

Do any household members have pet-related allergies?  Yes  No

If so, how will you cope with this? \_\_\_\_\_

**Because so many shelter animals have unknown medical histories, the Humane Society of Ottertail County recommends you do not immediately expose your existing pets to your newly fostered pet. Discuss with your veterinarian the advisability of a quarantine period.**

Will you be able to keep the foster animals away from your own if necessary? (This usually applies to animals needing medical care)  Yes  No

Where do you plan to keep your foster animals? Please explain \_\_\_\_\_  
\_\_\_\_\_

During the day, where will your foster pet(s) be kept? (Check all that apply)  Indoors  Outdoors  
 Crate/Pet taxi  Garage  Chain link kennel Other: \_\_\_\_\_

During the night, where will your foster pet(s) be kept? (Check all that apply)  Indoors  Outdoors  
 Crate/Pet taxi  Garage  Chain link kennel Other: \_\_\_\_\_

How many hours per day and how many days per week will the foster be left home alone?  
\_\_\_\_\_

How much time will the animal spend outside? \_\_\_\_\_

Do you have a fenced yard?  Yes  No List type & height: \_\_\_\_\_

If not, do you have an outdoor kennel area?  Yes  No Size & Height \_\_\_\_\_

If you have none of the above, how do you plan to keep this pet confined to your property?  
\_\_\_\_\_

Where will the animal sleep at night? \_\_\_\_\_

What will you do to find your foster animal if it becomes lost? \_\_\_\_\_

**All animals will need time to adjust to a new family and may require housetraining and behavior training to correct problem behavior.**

Are you prepared to work on these behaviors while fostering the animal?  Yes  No

What behavior(s) will you be unwilling to work with? \_\_\_\_\_

What reason(s) might cause you to return this pet? \_\_\_\_\_

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Can you accept the fact that some animals will not survive or may have to be euthanized and that decision is up the Humane Society of Otter Tail County (HSOTC) staff  Yes  No

Do you understand that anyone interested in adopting your foster animal(s) (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up the HSOTC Staff? (We welcome your referrals)  Yes  No

**References**

Please list 1 NON-relative references NOT accompanying you to the shelter who we may contact on your behalf. These should be a person who know you and can provide insight on your character, how you feel about pets, how you treat them, and so forth. Please notify them of our intentions to call as that will accelerate the application process.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ How they know you: \_\_\_\_\_

**I have answered the questions above truthfully and completely. I understand that although HSOTC takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the health of an animal, behavior, or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which HSOTC has asked me to provide care. I indemnify and hold HSOTC free from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement. By signing my name below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of fostering a pet.**

\_\_\_\_\_ / \_\_\_\_\_

**SIGNATURE**

**PRINT NAME**

\_\_\_\_\_

**DATE**