



Humboldt Animal Rescue Team

<http://www.humboldtanimalrescueteam.org>

707-616-6440

[humboldtanimalrescue@gmail.com](mailto:humboldtanimalrescue@gmail.com)

## FOSTER APPLICATION

Humboldt Animal Rescue Team gives a second chance to pets that can no longer stay in their home. With the help of foster placements, we are able to take in animals that would otherwise be turned away due to maximum capacity at our facility and the health and welfare of our in-house population or due to special needs that housing at our facility is unable to provide. The health and welfare for all of our intakes is our primary concern.

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

Phone: \_\_\_\_\_ Alt.Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to be contacted with weekly updates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at this address: \_\_\_\_ years \_\_\_\_ months

Do you: \_\_Own \_\_ Rent? If you rent, name and phone number of your landlord: \_\_\_\_\_

Names of others in your household (include ages of any children):

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

Will you be present to supervise any young children when they are around the cats/kittens? \_\_\_\_Yes \_\_\_\_No

Is anyone in your household allergic to cats? \_\_\_\_Yes \_\_\_\_No

If "yes," how will this be handled? \_\_\_\_\_

**PLEASE LIST PETS YOU CURRENTLY HAVE (use another page, if needed):**

Type                      Age                      Spayed/Neutered                      Up to date on vaccines                      Medical issues

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

**Are you able to provide a separate area from your pets for any foster animals?**

Name of veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

What are you interested in fostering? (circle all that apply):

Bottle babies              Abandoned babies              Moms with babies              Adult Cats              Feral Kittens

Feral moms with babies              Pregnant cats              Other: \_\_\_\_\_

What is your experience with the choices you circled: \_\_\_\_\_

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On occasion, we need places for sick cats and kittens. They may require extra care, such as administration of medications, extra cleaning, or other treatments.

Would you be able to care for sick animals? \_\_\_\_ Yes \_\_\_\_ No

How many fosters can you accommodate? \_\_\_\_\_

Please provide any additional information about yourself and your reason for wanting to foster cats/kittens: \_\_\_\_\_

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We really value our foster parents and want to provide as much information and support as possible. Board members are responsible for the intake of new animals. If the situation requires a foster house, the foster coordinator will contact potential fits. Fostered cats and kittens need to follow a specific schedule to make sure they will be ready for adoption as soon as possible. As a foster parent for H.A.R.T., we are relying on you to keep to this schedule.

Please read and initial the following:

\_\_\_\_\_ I have read and understand my responsibility as a foster parent.

\_\_\_\_\_ I understand that I am a volunteer of H.A.R.T. and the animals provided are the property of H.A.R.T. Any animals that I foster must be returned at the request of the foster coordinator.

\_\_\_\_\_ I am able to transport the fosters when necessary and arranged in advance (adoption events, vaccinations, spay/neuter appointments and other veterinary care), if, however, I am unable to provide transport for any reason, I will let the foster coordinator know in a reasonable amount of time before hand.

\_\_\_\_\_ All foster cats/kitten are to be kept 100% indoors.

\_\_\_\_\_ I understand that H.A.R.T. is responsible for scheduling spay/neuter and other vet procedures for my foster.

\_\_\_\_\_ I understand that my foster must be returned to H.A.R.T. before adoption.

I will attend the mandatory foster training sessions.

\_\_\_\_\_ I understand that I am responsible for my foster and personal animals' health and safety. To this end I will update the foster coordinator.

\_\_\_\_\_ I will contact the FAC at any sign of illness, parasites, fleas, behavior changes or any other concerns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in fostering for Humboldt Animal Rescue Team and for taking time to complete this application.

We will contact you as soon as possible.