



Humane Society of Independence County
#5 Environmental Drive
Batesville, Arkansas 72501
870.793.0090
HSICFoster@yahoo.com
www.HSICShelter.org

FOSTER CARE APPLICATION

PERSONAL DATA

NAME _____

ADDRESS (Physical) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

DRIVER'S LICENSE NUMBER _____ (Include a copy of your driver's license)

EMAIL _____

- I own my home. There are no local ordinances preventing me from bringing cats or dogs into my home.
- I rent my home and am permitted to bring an animal or animals into my dwelling.

Landlord's Name Phone

Address City State Zip

Do you have a securely fenced in yard? Yes No
How many adults in household? _____ Children? _____ Ages? _____

PERSONAL REFERENCES (Please, no immediate family member or current household resident. HSIC does contact references, so your references should be told to expect a call from an HSIC representative.)

NAME _____ PHONE _____

RELATIONSHIP _____ LENGTH OF ACQUAINTANCE _____

CITY _____ STATE _____

NAME _____ PHONE _____

RELATIONSHIP _____ LENGTH OF ACQUAINTANCE _____

CITY _____ STATE _____

PERSONAL PET INFORMATION (Please make separate entries for each animal currently in residence)

• I have _____ animals currently in my home.

NAME _____ AGE _____ SPECIES (dog, cat, etc) _____

BREED & SIZE (for dogs only) _____ Small Medium Large

SPAYED/NEUTERED Yes No SEX Male Female

What immunizations has your pet had, along with respective dates? _____

NAME _____ AGE _____ SPECIES (dog, cat, etc) _____

BREED & SIZE (for dogs only) _____ Small Medium Large

SPAYED/NEUTERED Yes No SEX Male Female

What immunizations has your pet had, along with respective dates? _____

NAME _____ AGE _____ SPECIES (dog, cat, etc) _____

BREED & SIZE (for dogs only) _____ Small Medium Large

SPAYED/NEUTERED Yes No SEX Male Female

What immunizations has your pet had, along with respective dates? _____

NAME OF VETERINARIAN _____

PHONE NUMBER _____

I hereby authorize the above-identified veterinarian to release records to HSIC.

Printed Name _____ Signature _____

Date _____

FOSTER INFORMATION

What kind of animal(s) are you prepared to foster?

- Mother cat with kittens Mother dog with puppies Litter of orphaned kittens
 Litter of orphaned puppies Kitten Cat Puppy Dog

Do you have any experience training and working with dogs or cats?

Yes No Describe _____

By signing, I affirm that:

- I am 21 years of age or over and the information contained on this form is true to the best of my knowledge. I make this statement under penalty of perjury under the laws of the state of Arkansas.
- I give permission to Humane Society of Independence County to verify any of the information given, which includes contacting personal references and veterinarian.
- I give permission to Humane Society of Independence County for a Shelter representative to visit my home for a home inspection before my foster application is approved, as well as during my foster time.
- I have read and understand the "Foster Care Agreement", which is a separate document from this "Foster Care Application".
- I understand that I could be required to provide foster care to my foster animal(s) for an extended or indefinite period of time. I agree that that period covered by this agreement is the entire time during which I have custody of my foster animal.
- I understand that the foster care coordinators may approve or deny my acceptance into this program based on this or other information.

Foster Applicant Signature

Date