

HEAR
Happy Endings Animal Rescue
P. O. Box 1835
Pinedale, WY. 82941
307-360-7800

DOG FOSTER PARENT APPLICATION

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?)

How will you handle toilet duties? _____
Where will the dog 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): _____

___ Others (species: _____)

Are your pets spayed and neutered? ___ Yes ___ No
If no, why: _____

Are your dogs licensed? ___ Yes ___ No

Who is your veterinarian? _____

Veterinarian Address: _____

Vet Phone #: _____

Veterinarian/ Medical Release – I authorize the release of my pet’s (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 Time ___ Part Time

Schedule: _____

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

PERSONAL REFERENCES

1. Name: _____

Phone #: _____

Relationship: _____

2. Name: _____

Phone #: _____

Relationship: _____

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 HEAR. 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, I understand I must bring the dog back to HEAR 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 _____

For Office Use Only

- Looking to adopt One time only
 Wants playmate for current pet(s) Once in awhile
 Just wanting a companion for the night Regular/ frequent
 Considering adoption in the future Seasonal: _____
 Center should call when needed
 Foster will call when available

Criteria for foster dog:

- Mellow
 Energetic
 Young
 Old
 Size: Sm Med Lg
 Breed: _____

Can work with problems:

- House training
 Socializing
 Jumping
 General commands
 Rehabilitation
 sick injured
 shy abused

Dogs Fostered

Notes

Additional Notes: _____
