**HAMPSHIRE COUNTY PET ADOPTION PROGRAM (HCPAP)   
DOG FOSTER APPLICATION**

**NAME OF APPLICANT**:

**AGE OF APPLICANT**:

**EMAIL ADDRESS**:

***Please provide at least two valid phone numbers:***

***1.* HOME PHONE**:

**2. CELL PHONE**:

**3. WORK PHONE**:

**STREET ADDRESS**:

**CITY, STATE, ZIP**:

**Can you present current identification with your current address listed?**

***If you have not resided at the given address for at least 2 years, please provide previous address.***

**STREET ADDRESS**:

**CITY, STATE, ZIP**:

**EMPLOYER**:

**HOW LONG HAVE YOU WORKED THERE**?

***NUMBER OF PERSONS IN HOUSEHOLD****:*

**>ADULTS**:

**>TEENS**:

**>CHILDREN (over 2 years)**:

**>INFANTS (2 years or less)**:

1. **Have you ever adopted from HCPAP?** 
   1. **If yes, when?**
   2. **Do you still have the pet?**
   3. **If you adopted a puppy/kitten, have you taken them to a veterinarian for any reason? Please explain.**
2. **Please list all the companion animals you have been guardian to in the last 5 years:**

***If more space is needed please add the pets below the table.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF PET** | **NAME OF PET** | **AGE** | **SEX** | **SPAYED OR  NEUTERED** | **HOW LONG  IN YOUR  CARE?** | **PRIMARILY INSIDE OR OUTSIDE?** | **WHERE IS  THE PET  NOW?** |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |
|  |  |  | M  F | YES NO |  | INSIDE  OUTSIDE  BOTH |  |
|  |  |  | M F | YES NO |  | INSIDE OUTSIDE BOTH |  |

1. **What type of food do you feed your pet(s)**?
   1. **Amount of food:**
   2. **How often do you feed?**
2. **Are your pets current on vaccinations**?
3. **If you have a dog(s), how do they generally behave with other dogs**?
4. **Please list the Veterinarian(s) that care for and vaccinate your pet(s):**
   1. **Vet Clinic**:
   2. **City, State:**
   3. **Veterinarian’s Name**:
   4. **Phone Number**:
5. **Have you ever done any of the following: If yes, please explain.** 
   1. **Given away an animal**?
   2. **Lost an animal? (got loose, ran away, etc.)**
   3. **Stolen an animal**?
   4. **Surrendered an animal to a shelter or rescue group**?
6. **What type of housing do you live in**?

*House Condo/Townhome Mobile Home Apartment Other:*

1. **Do you own or rent your home**?

***If you rent, please give the name and telephone number of the landlord or rental agent so we may verify that pet guardianship is permitted.***

**>NAME**:

**>RENTAL AGENCY**:

**>PHONE**:

1. **Does anyone in your household have pet allergies**?
2. **How many hours will your foster dog be alone**?
3. **Are you familiar and comfortable with crate training?**
4. **Where will your foster dog be kept during…** 
   1. **The day**:
   2. **At night**:
   3. **When you travel**:
5. **Does your home have a yard**?
6. **Do you have a fenced yard**?
   1. **If YES, what type of fence, height and estimated size?**
   2. **If NO, are you willing/able to take your foster dog on leash walks every day, several times a day?**
7. **Do you have a doggy door or plan to get one**?
8. **How much time do you realistically have each day to exercise and play with your foster dog**?
9. **It can be very stressful for a dog to go to a new home. It may take them some time to fully adjust.Are you prepared to make this commitment and how would you ease the adjustment? Please explain.**
10. **Some dogs will be in our rescue for weeks or months. Are you prepared to foster a dog for an extended period of time**?
11. **Which of these types of dogs are you willing/able to foster?**

**Please place a YES or NO by each statement.**

* 1. **Puppies –**
  2. **Adults –**
  3. **Seniors –**
  4. **Bully Breeds (like Pit Bulls) -**
  5. **Pregnant Dogs –**
  6. **Mother with Nursing Puppies –**
  7. **Puppies that need Bottle Feeding –**
  8. **Dogs that are…**
     + **Fearful/Shy -**
     + **Very Active –**
     + **Sick/Recovering -**
     + **Injured/Recovering -**
     + **Need Medication –**
     + **Food or Toy Aggressive -**
     + **Need Training -**
     + **Not Housetrained -**
     + **Not Good with Kids -**
     + **Not Good with Cats -**
     + **Not Good with Other Dogs -**

1. **Is there a certain size of dog that you would prefer to foster?**
2. **Would you prefer to foster a male or female dog, or no preference?**
3. **Why do you wish to foster a dog at this time**? **Please explain**.
4. **What would cause you to return this dog to HCPAP**?
5. **How did you hear about our rescue**?
6. **If there is a certain dog(s) in our rescue that you are interested in fostering, please put their name(s) here**:
7. **Please provide 2 references. (Please do not include relatives or your veterinarian)**

**Reference 1**

**NAME**:

**PHONE**:

**Reference 2**

**NAME**:

**PHONE**:

**PLEASE READ CAREFULLY**:

Completion of this application form does not guarantee that HCPAP will place one of our dogs in your care. Completion of this application authorizes HCPAP and/or a representative of HCPAP to verify any and all information contained herein, including verification of medical records or any present or prior pets in your care. Approval of all applications is at the sole discretion of Hampshire County Pet Adoption Program (HCPAP).

By signing this application, physically or electronically, I certify that all information is true and any false information may void this application. I also certify that this dog(s) will reside with me at the given address in this application. I understand that HCPAP retains ownership of all animals in foster care and will make all decisions pertaining to the adoption of the animals. I understand that I must provide proper care for any animals I foster. I understand that I must return the dog(s) to HCPAP if I can no longer care for them or if HCPAP requests I return the dog(s). I also acknowledge that HCPAP is not responsible for property damage or personal injury made by animals placed in foster care.

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APPLICANT and SOLE GUARDIAN of Animal to be Fostered Date