



FOSTER Questionnaire

Date:	
Name:	
Street, City, State, Zip:	
E-mail address:	
Phone:	Cell: _____ Home: _____ Work: _____
Are you 21 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer or school:	
How long have you lived at the current address?	
Do you work?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Stay at home
Do you have a car?	<input type="checkbox"/> Yes (E.g. to transport pets to the HSYC for vaccinations/ check-ups) <input type="checkbox"/> No
Have you fostered before?	<input type="checkbox"/> Yes, cat(s) <input type="checkbox"/> Yes, dog(s) <input type="checkbox"/> No If yes, for which organization: _____
You are willing to foster:	Cats : _____ Dogs : <input type="checkbox"/> Less than 30 lbs <input type="checkbox"/> 31-50 lbs <input type="checkbox"/> 51-75 lbs <input type="checkbox"/> Over 75 lbs <input type="checkbox"/> Any size
Gender of pets:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Open to either gender
Current pets? Please list names, types, sex and ages:	<input type="checkbox"/> Cat(s): _____ <input type="checkbox"/> Dog(s): _____ <input type="checkbox"/> Other: _____
Are all of your current pets	<input type="checkbox"/> Neutered / Spayed <input type="checkbox"/> Up to date on all vaccinations and preventatives <input type="checkbox"/> None of the above
Are you able to keep your pets separate from the foster pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If past pets, please list names, types and ages:	<input type="checkbox"/> Cat(s): _____ <input type="checkbox"/> Dog(s): _____ <input type="checkbox"/> Other: _____
Name & Phone of Vet you use now or used with past or current pets	Name: _____ Phone: _____
Ideally you would foster a pet who is:	<input type="checkbox"/> Very active <input type="checkbox"/> Active <input type="checkbox"/> Calm and mellow <input type="checkbox"/> Good with dogs <input type="checkbox"/> Good with cats <input type="checkbox"/> Good with kids under 8 yrs <input type="checkbox"/> Good with kids over 8 yrs <input type="checkbox"/> Good with senior citizens <input type="checkbox"/> Good with urban noises <input type="checkbox"/> Other: _____
Ages of pets you are willing to foster:	<input type="checkbox"/> Nursing litters incl. mom <input type="checkbox"/> Unweaned/bottlefed litters <input type="checkbox"/> 8 weeks-6 mos <input type="checkbox"/> 6 mos-1 yr <input type="checkbox"/> 1-6 yrs <input type="checkbox"/> 6 yrs+ <input type="checkbox"/> any age
Would you consider fostering:	<input type="checkbox"/> Special needs pet (e.g. deaf, blind, etc.) <input type="checkbox"/> Medical needs pet? <input type="checkbox"/> Pregnant pet <input type="checkbox"/> Senior pet
Are you willing and able to spend the required time to provide daily care for your foster pet	<input type="checkbox"/> Yes (this includes feeding, washing, exercising, playing, giving medication, etc.) <input type="checkbox"/> No <input type="checkbox"/> Maybe, would need more information
Can you commit to:	<input type="checkbox"/> A lot of training <input type="checkbox"/> Some training <input type="checkbox"/> No training
Are you willing to attend a training class prior to fostering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live in (please check one):	<input type="checkbox"/> House/townhouse I own <input type="checkbox"/> House/townhouse I rent
If you live in an apartment/condo is there a weight limit?	<input type="checkbox"/> Apartment/condo I own <input type="checkbox"/> Apartment/condo I rent
	<input type="checkbox"/> Weight limit for pets in lbs <input type="checkbox"/> Weight limit for pets in lbs
Name, phone & e-mail of landlord:	

Name and ages of all individuals living at address:	_____ Adults _____ _____ Children _____
If there are no children living with you, are there children that visit (for example grandchildren, children you babysit)?	___ Yes _____ No
Do all members in your household want to foster a pet	___ Yes _____ No
Does anyone in your household have pet allergies or asthma?	___ Yes _____ No
Who will be the primary caretaker for the foster pet?	
Are you willing to have someone from the HSYC visit your home for a home visit?	___ Yes _____ No
How many hours daily will the foster pet be alone?	
Where will your foster pet stay when you are not at home:	___ Crate Loose in : ___ House ___ Gated area ___ Yard ___ Garage ___ Doggy Daycare ___ With friends or family ___ Other _____
Where at your home will the foster pet stay during the day?	___ Crate Loose in : ___ House ___ Gated area ___ Yard ___ Garage ___ Other _____
Where at your home will the foster pet stay during the night?	___ Crate Loose in : ___ House ___ Gated area ___ Yard ___ Garage ___ Other _____
Do you have a yard?	___ Yes (approx. size _____) _____ No
In case you have a yard, do you have any of the following:	___ No fence ___ Chain link fence ___ Wood fence ___ Electric fence ___ Doggy door (if you currently have a fence, please indicate height at lowest point: _____)
Additional information that will assist in your search for a foster animal:	
Additional comments:	