

FOSTER CARE PROVIDER APPLICATION

As a Pet Foster Care Family, you will be required to complete a minimum of (3) three hours of foster care training yearly. Halfway Home Pet Rescue will provide all equipment, pet supplies including but not limited to food, litter and any medical care necessities for the pets.

NAME: _____

PHONE: _____ CELL PHONE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A CRIMINAL RECORD?

IF YES, WHO (IF OTHER THAN YOURSELF): _____

DATE OF CONVICTION: _____ WHAT WAS THE CONVICTION: _____

DO YOU PREFER TO FOSTER: CATS KITTENS HOW MANY AT A TIME _____

REASON(S) WHY YOU WISH TO FOSTER ANIMALS: _____

LIST NAMES & PHONE NUMBERS OF 3 REFERENCES. 1 VETERINARIAN & 2 LAYPEOPLE:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

WHAT DATE & TIME WOULD BE BEST TO MAKE A HOME VISIT? _____

By submitting this application, I affirm that the facts set forth in it are accurate and complete. I understand that if I am accepted as a foster care volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate dismissal.

BY SIGNING BELOW, I give HHPR the authority to check with the references provided above.

Signature: _____ Date: _____

Thank you for your interest in becoming a foster home for HHPR.

APPLICATION ACCEPTED DENIED REASON: _____

HHPR Signature _____ Date _____ Rater Initials _____