



Foster Home Application

Hope Animal Rescue is a no-kill rescue whose mission is to rescue, protect, and provide hope as we search for loving homes for stray and neglected animals. We provide hope when they have given up hope, we speak when they cannot speak, and we love without boundaries.

Please fill out the following information if you are interested in fostering with Hope Animal Rescue.		
Name:		
Address:		
City/State/ZIP:		
Email Address:		
Phone(s):		<input type="checkbox"/> Cell <input type="checkbox"/> Home
Place of Employment:		

Home Information:		
Do you own your own home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have home owner/renter insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what company carries your insurance?		
Do you plan to move in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Adults in your household?	Number of children in your household?	
Do you agree to provide supervision of the interaction between children and the foster pet(s) and/or between your pets and foster pet(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have pets?	<input type="checkbox"/> Dogs # _____ <input type="checkbox"/> Cats # _____ <input type="checkbox"/> Other (list): _____	
List any pets that you have had within the last three (3) years and no longer have (type of pet and reason):		

Type of pets interested in Fostering?	
<input type="checkbox"/> Cats <input type="checkbox"/> Kittens <input type="checkbox"/> Dogs <input type="checkbox"/> Puppies <input type="checkbox"/> Rabbits/Small Animals	
Have you owned or provided care for this type of pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours a day will the pet be left alone?	
How many days a week will the pet be left alone?	
Who will be responsible for the foster pet(s) care?	

Consents:	
Do you give your consent for Hope Animal Rescue volunteer to visit your home prior to approving this application or to check on a foster pet in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent for potential adopters to visit your home to meet a foster pet you have that is up for adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that allowing your personal animals to interact with the foster care pet(s) can pose a health risk to your animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information/Comments:	

Foster Home Provider Agrees:	
<ul style="list-style-type: none"> • All information provided is accurate to the best of his/her knowledge. • He/she is 18 years or older. • To provide shelter, fresh water, proper food and adequate companionship to the pets in their care. • To keep pets primarily indoors and that proper restraint must be used when outside. • To administer medication, heartworm preventative (dogs) and flea prevention as required and provided by Hope Animal Rescue. • To follow positive training methods. • To contact Hope Animal Rescue for guidance prior to providing any medication or vet care. Hope Animal Rescue cannot reimburse for veterinary fees provided without prior permission. • To allow a Hope Animal Rescue volunteer to periodically check on this pet to be assured of compliance with the terms of this contract. • To follow the adoption policies of Hope Animal Rescue regarding the approval of adoptions. • Release of Liability and Indemnification • Foster agrees to be responsible for the care of the animal and to indemnify and hold harmless Hope Animal Rescue from claims of liability for the conduct of the pet while in foster care. Hope Animal Rescue will pay for all supplies and vet care when approved by the Rescue. 	
Your Signature indicates your acceptance to the terms stated above.	
Signature:	Date:

**Email completed foster application to:
HARoflowa@gmail.com**

**Or Mail to: Hope Animal Rescue
PO Box 31222
Des Moines, IA 50310**

