

Is anyone in your home allergic to any animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If so, explain</i>		
Have you ever had a dog impounded by Animal Control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever surrendered an animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of your animals ever been poisoned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of your animals been hit by a car at your current residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read the Foster Care Brochure? If not, please do so	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe the space where fosters will be kept when you are home and at bedtime.		
Please describe the space where fosters will be kept when you are not home.		
Beyond basic care, how many hours a day will you spend interacting/socializing your foster? <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Over 8 hours How many hours a day will your foster be home alone? <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Over 8 hours		

Please provide this information for the animals who are currently in your home. Attach extra page if needed

<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Are they fixed</u>	<u>Vaccines current</u>	<u>Where do they spend most of their time</u>

Please provide this information for any animals you have had in the last 5 years.

<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Are they fixed?</u>	<u>What happened to this animal?</u>

Do you agree to abide by all applicable city, county, and state ordinances relating to the housing and control of animals?

Yes No

I confirm that all information provided on this application is true and correct. I understand that by giving false information, I will be ineligible to foster an animal, now or in the future, from the La Plata County Humane Society.

Signature

Date

THANK YOU FOR YOUR INTEREST IN JOINING OUR FOSTER PROGRAM!

PetPoint GIS Home Visit

Approved by _____ Date _____ Notes _____