



infinite hope

390 Atlantic Avenue, Brooklyn, NY 11217
718-852-4219

Foster Application

Name: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

Email: _____ Emergency Contact/Tel: _____

Household Information

Do you own or rent? _____ Apartment Co-op/Condo House

Does your lease permit pets? Yes No How Many _____ What Kind? _____

Landlord Name: _____ Phone Number: _____

How many adults live in the residence? _____ Children? _____ Ages of children: _____

Do you have pets now? Yes No If yes, provide information on each pet:

1. Name: _____ Species: _____ Sex: Male Female
Altered? Yes No
Dog-Friendly? Yes No Cat-Friendly? Yes No
Date of last Vaccinations: _____

2. Name: _____ Species: _____ Sex: Male Female
Altered? Yes No
Dog-Friendly? Yes No Cat-Friendly? Yes No
Date of last Vaccinations: _____

3. Name: _____ Species: _____ Sex: Male Female
Altered? Yes No
Dog-Friendly? Yes No Cat-Friendly? Yes No
Date of last Vaccinations: _____

4. Name: _____ Species: _____ Sex: Male Female
Altered? Yes No
Dog-Friendly? Yes No Cat-Friendly? Yes No
Date of last Vaccinations: _____

5. Name: _____ Species: _____ Sex: Male Female
Altered? Yes No
Dog-Friendly? Yes No Cat-Friendly? Yes No
Date of last Vaccinations: _____

Current veterinary clinic or hospital: _____ Tel: _____

How many hours are your animals left unsupervised? _____

Are your animals crated or caged during any part of the day? Yes ___ No ___

If yes, please describe _____

Where do your animals sleep? _____

Does anyone in your household have allergies to animals? _____

Would you permit your animals and/or children to interact with foster animal(s)?

Yes No

Would you agree to a home visit prior or during the fostering? Yes ___ No ___

Fostering Information

What type of animals are you willing to foster?

Cats ___ Dogs ___ Kittens ___ Puppies ___

Special needs animals (emotional and/or physical) ___

Mother with kittens or puppies ___ Other: _____

How many animals are you willing to foster? _____

Animals many need to be fostered for several months. What is the maximum length of time that you can provide foster care?

1-2 weeks ___ 2-4 weeks ___ 1-2 months ___

2+ months, as needed ___ Emergency fostering (1-2 days, last minute) ___

Please describe the area where the animal(s) will be kept and cared for in your home:

Sometimes animals become ill while in foster care. If this situation arises, would you be willing and able to administer medicine? Yes ____ No ____

Have you ever administered medicine to animals? Yes ____ No ____

If yes, explain: _____

Please specify additional information you would like to receive:

House breaking ____ Socialization ____ Litter-box training ____
Bottle-feeding ____ Animal safety for children ____ Training tips ____
Crate training ____ Other ____

Personal References

Please provide three personal references, only one of which may be a relative. Please do not include household members.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

The information provided on this application is true.

Foster Caregiver

Date

Please submit the completed application to:

Infinite Hope

390 Atlantic Avenue
Brooklyn, NY 11217

Please Note: Animals are primarily being fostered through Infinite Hope until they are returned to their owners. On occasion, some animals may not be able to be reunited and they will be available for adoption. These animals will then be available only through Infinite Hope and not by the foster home. Any interested adopter must complete an Infinite Hope adoption application and meet with an adoption coordinator.

Disclaimer: This foster application was adapted from various pet safe programs throughout the country. We are most interested in ensuring that every animal is placed in the most appropriate homes and will receive quality care and attention.

For Office Use Only

Received Date: _____

Reviewed by IH Staff: _____ Date: _____

Notes: