



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:

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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.

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Foster Caregiver

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Date

Please submit the completed application to:

**Infinite Hope**

Hope Veterinary Clinic

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.

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For Office Use Only

Received Date: \_\_\_\_\_

Reviewed by IH Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: