DOG FOSTER APPLICATION

HEARTS OF PAWS TRAP AND RESCUE

Please complete all fields. Information is used only to evaluate a safe and appropriate foster placement.

1. APPLICANT INFORMATION

Full name

Date of birth

Phone

Email

Preferred contact

☐ Phone ☐ Text ☐ Email

Street address

City

State

ZIP code

Occupation / employer

Best time to reach you

2. HOME AND HOUSEHOLD

Housing

☐ Own ☐ Rent ☐ Other

Home type

☐ House ☐ Apartment ☐ Other

If renting, landlord name and phone

Is your landlord aware and agreeable?

☐ Yes ☐ No ☐ N/A

Adults in home

Children in home (ages)

Fenced yard?

☐ Yes ☐ No

Please describe your household schedule and where the foster dog will stay when alone.

3. CURRENT PETS

List each pet's name, species/breed, age, sex, and whether spayed/neutered.

Veterinary clinic name and phone

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4. FOSTER EXPERIENCE AND PREFERENCES

Have you fostered before?

☐ Yes ☐ No

If yes, for which rescue and what type of animals?

Describe your experience caring for dogs, including training or medical care.

Dogs you are comfortable fostering (check all that apply)

☐ Puppies ☐ Adult dogs ☐ Senior dogs ☐ Small ☐ Medium ☐ Large

☐ Medical needs ☐ Behavior support ☐ No preference

Are there any size, breed, age, behavior, or medical limitations we should know about?

How many hours per day would the foster dog usually be alone?

Can you transport the dog to approved veterinary visits and meet-and-greets?

☐ Yes ☐ No ☐ I may need help

5. AGREEMENTS

☐ I understand foster stays vary and the rescue cannot guarantee how quickly a dog will be adopted.

☐ I will follow rescue instructions for feeding, medication, veterinary care, training, and safety.

☐ I will provide honest updates and promptly report health, behavior, escape, or safety concerns.

☐ I understand Hearts of Paws manages adoption decisions and the foster dog remains in rescue care.

☐ I authorize Hearts of Paws to contact my veterinarian and landlord, when applicable.

Applicant certification

By typing my name below, I certify that the information provided is complete and truthful.

Typed signature

Date

SAVE YOUR COMPLETED APPLICATION AND EMAIL IT TO HEARTSOFPAWSOHIO@GMAIL.COM