FOR OFFICE USE ONLY
Approved: Yes — No —
Staff Initials — Date —

FOSTER PARENT APPLICATION

HAPPY TAILS ADOPTIONS OF SHELBY COUNTY

Phone: (903) 808-2590 ~ P.O. Box 1049 Center, TX 75935 Email: step.atkins1963@gmail.com ~ Website: happytailstexas.org

PLEASE PRINT CLEARLY Street Address: ______ City: _____ State: _____ Zip Code: _____ Telephone number: ______(H) ______(C) ______(W) Email Address: _____ Are you over 18 years of age? If under 18, quardians name? How many adults live in your home? _____ Children? _____ Anyone in home allergic to pets? Yes Have you ever been convicted of a charge of animal cruelty, neglect, or abandonment? \Box Yes \Box No Time lived at current residence. _____ Do you: Own _____ Rent _____ (includes living with parents rent free) House _____ Apartment ____ Mobile Home _____ If renting, does your lease allow pets? ☐ Yes ☐ No Name of landlord: _____ Telephone Number: _____ Do you have use of a private yard? No How would you describe your yard in terms of size? SMALL MEDIUM LARGE Is the yard fully fenced? \Box Yes \Box No Fence height at lowest point: _____ Type of fencing: WOOD CHAIN-LINK **OTHER** Are all members of your household agreeable to fostering? yes No Who will be responsible for the animals' care?

HOME DURING THE DAY

PART TIME

Do you work?

FULL TIME

FOSTER PARENT APPLICATION (con't)

HAPPY TAILS ADOPTIONS OF SHELBY COUNTY

How many h	ours a day will the animal(s)	be left alo	ne?					
Are you willi	ng to administer medication	ıs (pills or li	quid)?		Yes 🗆	No		
Are you willi	ng to bring the animal(s) to	the vet for	vaccination	s/chec	kups? 🗆 Ye	es 🗆	No	
Where will th	ne animal(s) be housed?							
Are you able	to keep your pets separate	from foste	r pets?	Yes	□ No			
Current Pets	<u> </u>							
Type of Pet	Name of Pet	Age	Sex	Spay	ed/neutered		nations Up Date	How long owned?
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
Veterinarian	s Name:				Phone	:		
Address:			City:		Sta	nte:	Zip Cod	e:
	Animals you would be inte	rested in fo	ostering (Pla	ase ch	neck all vou wo	ould he v	villing to fost	er)
	Animais you would be inte	i esteu iii it	ostering (i ic	asc ci	icek uli you we	odia SC V	viiiiig to rost	C1 <i>j</i>
□ Dog	G □ Cats		Kittens		Puppies		Birds	☐ Turtles
☐ Rabl	oits 🔲 Guinea Pigs	S	Rats/Mice				Reptiles	
☐ Nurs	ing mothers				Unweaned k	ittens/pu	uppies	
☐ Cats	with Upper Respiratory Info	ection			Dogs with Ke	nnel Co	ugh	
	s with behavioral issues			☐ Special needs animals				
Are vou willi	ng to attend adoption event	ts with you	r foster?	□ Y	'es □ No	1		
·		·					A	11
-	rilling to be one of our "Eme ediate foster home availabl	-		an an No	ıırnaı need a p	iacemen	ıı unexpected	ııy,
Are you willing to be a short-term temp foster?								

FOSTER PARENT APPLICATION (con't) HAPPY TAILS ADOPTIONS OF SHELBY COUNTY

Please use this space for any add	itional information	on or comments	that you may want t	o share with us:	
Cionatura			Date.		
Signature:			Date:		
Signature:			Date:		
Signature:		For Office Use			
Landlord Verification:		For Office Use			
	□ Yes	For Office Use			
Landlord Verification: Verified by:	□ Yes	For Office Use	Only		
Landlord Verification: Verified by: Staff Ini Veterinarian Reference Check:	□ Yes iitials	For Office Use	Only Date		
Landlord Verification: Verified by: Staff Ini Veterinarian Reference Check:	☐ Yes itials ecord spayed or	For Office Use No neutered?	Only Date		
Landlord Verification: Verified by: Staff Ini Veterinarian Reference Check: Name of pet(s) on record? Are all of the client's pet(s) on record and the client's pet(s) on record are all of the clie	☐ Yes itials ecord spayed or ecord current on	For Office Use No neutered?	Only Date		