

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**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Email Address: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ If under 18, guardians name? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_

Anyone in home allergic to pets?  No  Yes

Have you ever been convicted of a charge of animal cruelty, neglect, or abandonment?  Yes  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?  Yes  No

How would you describe your yard in terms of size? SMALL MEDIUM LARGE

Is the yard fully fenced?  Yes  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? \_\_\_\_\_

Do you work? FULL TIME PART TIME HOME DURING THE DAY

# FOSTER PARENT APPLICATION (con't)

HAPPY TAILS ADOPTIONS OF SHELBY COUNTY

How many hours a day will the animal(s) be left alone? \_\_\_\_\_

Are you willing to administer medications (pills or liquid)?  Yes  No

Are you willing to bring the animal(s) to the vet for vaccinations/checkups?  Yes  No

Where will the animal(s) be housed? \_\_\_\_\_

Are you able to keep your pets separate from foster pets?  Yes  No

Current Pets:						
Type of Pet	Name of Pet	Age	Sex	Spayed/neutered	Vaccinations Up to 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Animals you would be interested in fostering** (Please check all you would be willing to foster)

Dogs       Cats       Kittens       Puppies       Birds       Turtles  
 Rabbits       Guinea Pigs       Rats/Mice       Reptiles  
 Nursing mothers       Unweaned kittens/puppies  
 Cats with Upper Respiratory Infection       Dogs with Kennel Cough  
 Dogs with behavioral issues       Special needs animals

Are you willing to attend adoption events with your foster?  Yes  No

Are you be willing to be one of our "Emergency Fosters" should an animal need a placement unexpectedly, with no immediate foster home available?  Yes  No

Are you willing to be a short-term temp foster? \_\_\_\_\_

