| EOD OFFICE LISE ONLY |  |
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| FOR OFFICE USE ONLY  |  |
| Approved: Yes No     |  |
| Staff initials Date  |  |
|                      |  |

#### **FOSTER PARENT APPLICATION**

# HAPPY TAILS ADOPTION CENTER-SHELBY COUNTY ANIMAL SHELTER

Phone: (936) 488-6011 664 hwy 7 E Center, Tx 75935

#### PLEASE PRINT CLEARLY

| •  | I LLAGE I KINI OLLA         | NIXE!                 |             |
|--|-----------------------------|-----------------------|-------------|
| Name:  |                             | Date 6                | of birth:// |
| Street address:  |                             |                       | Zip:        |
| Cell number: ()<br>Email address:  |                             |                       | _           |
| How many adults live in your home?   |                             |                       |             |
| Is anyone in the home allergic to pets   |                             |                       |             |
| Have you ever been convicted of a ch   | narge of animal cruelty, ne | glect, hoarding or al | pandonment? |
| Yes No   |                             |                       |             |
| Time at current residence? Years<br>Do you: Own Rent (inclu<br>House Apartment N | des living with family rent | free)                 |             |
| If you are renting, does your lease all  | ow pets? Yes No             | _                     |             |
| Name of landlord:  |                             |                       | : ()        |
|  |                             |                       | ( <u> </u>  |
| Do you have use of a private yard? Y   | es No                       |                       |             |
| How would you describe your yard?  | SMALL MEDIUM LA             | RGE                   |             |
| ls the yard fenced? Yes No   | If yes, height at lowest    | point ft              |             |
| Type of fencing: WOOD CHAIN LIN  | K OTHER                     |                       |             |
|  |                             |                       |             |
| Are all members of the house agreea  | ble to fostering? Yes       | No                    |             |
| Who will be responsible for the anima  |                             |                       |             |

| Do you work? `  | Yes No                  |             |             |                       |                      |                 |
|-----------------|-------------------------|-------------|-------------|-----------------------|----------------------|-----------------|
| If yes, FULL    | TIME PART TIME          | DAYSHIF     | T NIGHT     | <b>TSHIFT</b>         |                      |                 |
| How many hou    | rs per day will the ani | mal(s) be l | eft alone?  |                       |                      |                 |
|                 |                         |             |             |                       |                      |                 |
|                 | to administer medicat   |             |             |                       |                      |                 |
| _               | to bring the animal(s)  |             | lter for va | ccinations/checkups   | ? Yes No _           |                 |
|                 | animal(s) be housed?    |             |             |                       | NI-                  |                 |
| Are you able to | keep the animal(s) so   | eparate tro | om your pe  | ets for / days? Yes _ | N0                   |                 |
| CURRENT PE      | TS IN HOME:             |             |             |                       |                      |                 |
| Type of pet     | Name of pet             | Age         | Sex         | spayed/neutered       | Vaccines up to date? | How long owned? |
|                 |                         |             | M/F         | Y / N                 | Y/N                  |                 |
|                 |                         |             | M/F         | Y/N                   | Y/N                  |                 |
|                 |                         |             | M/F         | Y/N                   | Y/N                  |                 |
|                 |                         |             | M/F         | Y/N                   | Y/N                  |                 |
|                 |                         |             | M/F         | Y/N                   | Y/N                  |                 |
| l .             |                         | <u> </u>    |             |                       |                      |                 |
| Do you have a   | ny livestock animals?   | Yes _       | No          |                       |                      |                 |
|                 | an:                     |             |             |                       | hone: ()             | <del>-</del>    |
| Address:        |                         | C           | ity:        | State: _              | Zip:                 |                 |
|                 |                         |             |             |                       |                      |                 |
| Anima           | als you would be        | intereste   | d in fos    | tering (please ch     | eck all that ap      | (vla            |
|                 |                         |             |             | <b>.</b>              | ·                    | ,               |
| Do              | ogs Cats                | Kit         | tens _      | Puppies               | _ Nursing Mot        | ners            |
|                 | Bottle fed p            | uppies/ki   | ttens _     | Special Needs         | s Animals            |                 |
| c               | ats with Upper Re       | spiratory   | Infection   | Dogs with             | behavioral iss       | ues             |
|                 | Dogs with Ker           | nel Cou     | gh          | Medically comple      | x dogs/cats          |                 |
|                 |                         |             |             |                       |                      |                 |
|                 |                         |             |             |                       |                      |                 |

| Are you willing to attend adoption events and fundraisers with your foster? Yes No                   |
|--|
| Are you 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 temporary foster?Yes No   |
|  |
| Please use this space for any additional information or comments that you may want to share with us. |
|  |
|  |
|  |
|  |
|  |
|  |

# Your job as a foster

- Send updated pictures to Kelsey
- Keep Kelsey up to date on behavior and traits
  How is your animal with other cats, kids, other dogs, other people, in the car, inside, outside, etc
- Post pictures and information about your dogs on social media and or share our posts about your animal(s)
- · Attend adoption events as much as possible
- Keep track of your fosters flea/tick/heartworm preventative

#### IMPORTANT CONTACTS AND INFORMATION

Office phone: (936) 488-6011

Kelsey cell: (903) 263-2616

Stephanie cell: (903) 808-2590

### **Shelter Hours**

Monday - Sunday 8:00am - 12:00pm and 3:00pm - 5:30pm

## Foster appointment times

Mondays: 10:00am - 1:00pm Wednesdays: 2:00pm - 6:00pm

Please read and sign acknowledging the following statements.

- 1. The entire contract must be filled out -no blank spaces- to be approved as a foster.
- 2. If you need anything for your foster(s) you must give 2 days notice to the shelter.
- 3. If you think something is wrong, call to make an appointment with Kelsey. We see fosters on Mondays from 10am-1pm and Wednesdays from 2pm-6pm
- 4. DO NOT TAKE YOUR FOSTER TO THE VETERINARIAN WITHOUT APPROVAL FROM KELSEY OR STEPHANIE.
- 5. If someone is interested in your animal, you MUST go through the shelter to ensure proper documentation is completed. All adoptions MUST be approved by Kelsey and the adoption fee paid before the adopter takes possession of the animal.
- 6. If there is an emergency with your foster call Kelsey or Stephanie immediately
- 7. If you found an animal on your own and are fostering it after 6 months Happy Tails Adoption Center is no longer responsible for that animal.
- 8. If you fail to show up to 2 consecutive adoption events Happy Tails Adoption Center is no longer responsible for that animal
- 9. If we do not hear from you about your foster for 60 consecutive days Happy Tails Adoption Center is no longer responsible for that animal.
- 10. A copy of your signed contract will be emailed to you upon approval.

Failure to follow these guidelines can result in termination of your foster contract at any time.

Printed name \_\_\_\_\_ Date \_\_\_/\_\_\_

|                      | FOR OFFICE USE ONLY      |
|----------------------|--------------------------|
| LANDLORD VERIFICAT   | IONYESNO                 |
| VERIFIED BY          | DATE/                    |
| VETERINARIAN REFER   | ENCE                     |
| NAME OF PETS ON REG  | CORD                     |
| ARE ALL PETS SPAYED  | )/NEUTERED? YES NO       |
| ARE ALL PETS UP TO D | DATE ON VACCINES? YES NO |
| VERIFIED BY          | DATE/                    |