



FOSTER CARE PROGRAM APPLICATION

Thank you for your interest in our Foster Care Program! Foster parenting can be a rewarding experience, enabling you to help our most helpless animals get a second chance as they regain health, learn to trust in humans, and acquire social development in preparation for permanent adoption. DHA provides food, necessary supplies (such as bedding, litter box, etc.), and medical care for all DHA foster animals. Foster parents provide temporary havens, with individual attention and a stress-free environment for the animals, and must demonstrate a willingness to work with DHA medical staff to give our foster animals the best care possible within the framework of our program.

If you would like to join us as a foster parent, please complete the application, sign it, and return it to **Delaware Humane Association, 701 A Street, Wilmington, DE 19801, Attn: Foster Care Program**. The information that you provide will help us match your talents with the needs of our foster program as they arise. Not all foster applications will be appropriate for the available animals needing foster care.

Please Print Legibly!

Your Contact Information

Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail address _____
 Do you work outside your home? Yes _____ No _____ If so, how many hours/week? _____
 Are you over 21? Yes _____ No _____

Please choose the kinds of animals you are interested in fostering (check all that apply):

Dogs: HW + Adults ____ Weaned Puppies ____ Bottle Babies ____
 Pregnant ____ Mother Dog with Litter ____ Special Socialization Needs ____
 Cats: Medically Needy Adults ____ Weaned Kittens ____ Bottle Babies ____
 Pregnant ____ Mother Cat with litter ____ Special Socialization Needs ____

Foster care informational meetings will be held periodically to introduce new foster program applicants to the process and provide applicable training materials. Prior experience is not always necessary, but may be required for some foster animals.

Veterinarian Information

Name & Clinic Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____
 May we contact your veterinarian to verify the vaccination history of your resident pets?
 Yes _____ No _____ If no, why not? _____

Your Resident Pets

List the number, type (dog or cat, other), and age of your family pets. _____

Do your pets have any physical problems? _____

Your Children

Do you have children in your home? Yes _____ No _____ If yes, how many and what ages?

Number of children _____ Ages _____

Your Home

Number of adults _____ Do you own or rent your home? _____

If you rent, do you have written permission from your landlord to keep animals? Yes _____ No _____

Landlord Name _____ Landlord Phone _____

Special question for feline foster caregivers: Do you have a room in your home that is "off limits" to family pets? Yes _____ No _____

If you do not, you are ineligible to foster DHA cats. We hope that you will find another DHA volunteer activity that better suits you. For example, the cats in our shelter need lots of love and attention and would benefit from your regular visits.

Do you give permission for a DHA representative to visit your home, by appointment, as part of our screening process?

Yes _____ No _____

Application Information

All of the information that I provided in this application is true and correct. If any of the information changes, I will advise DHA promptly.

Date

Applicant Signature

DHA staff person or volunteer who receives this application: _____ Date: _____

Date application forwarded to appropriate foster care coordinator: _____

Date applicant attended informational session: _____