



# Homeless Animals Response Program

H.A.R.P.  
P.O. Box 3167  
Antioch, CA 94531-3167  
(925) 431-8546

## Foster Home Application

Name of Foster (Please PRINT) \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_  
Street City Zip

Mailing Address \_\_\_\_\_  
 (If different from above) Street/P.O. Box City Zip

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Please mark all you are interested in fostering.

**Cats**

Nursing mother and kittens	<input type="checkbox"/>	Kittens 4 - 8wks of age	<input type="checkbox"/>	Neo-natal kittens with no mother	<input type="checkbox"/>
Kittens 8 wks to 6 mos.	<input type="checkbox"/>	Cats 6 mos. and older	<input type="checkbox"/>	Sick or injured cat	<input type="checkbox"/>

**Dogs**

Nursing mother and pups	<input type="checkbox"/>	Young adult dog	<input type="checkbox"/>	Pups under 8 wks with no mother	<input type="checkbox"/>
Pups up to 1 year	<input type="checkbox"/>	Dogs over 3 years	<input type="checkbox"/>	Sick or injured dog	<input type="checkbox"/>

Please list any size limitations or personality/behavior/breeds you would not consider fostering: \_\_\_\_\_

Why are you interested in fostering? \_\_\_\_\_

Do all household members agree to fostering? \_\_\_\_\_

How long are you able to commit to fostering? \_\_\_\_\_

Are you currently fostering any animals on your own or for any other organization? Yes  No

If yes, please indicate which organization(s): \_\_\_\_\_

Would you be agreeable to a home visit by a HARP volunteer, prior to taking an animal into your home? Yes  No

What companion animals do you currently have? \_\_\_\_\_

Are they all spayed/neutered? Yes  No

Are they all current on their vaccinations? Yes  No

What companion animals have you had in the past (those that are no longer with you) and what happened to them?

\_\_\_\_\_  
 \_\_\_\_\_

Who is/was your veterinarian? \_\_\_\_\_  
Name of Vet and/or Clinic City Phone (if available)

May we call him/her for a reference? Yes  No

How many adults are in your household? \_\_\_\_\_ Are there children under 18 years of age? Yes  No

If yes, what are their ages? \_\_\_\_\_

Do you own your home, or rent? \_\_\_\_\_ Do you have a fenced, secure backyard? Yes  No

How many hours are you away from home on an average day? \_\_\_\_\_

Where will the animal(s) stay while you are away from home? \_\_\_\_\_

Where will the animal(s) stay at night? \_\_\_\_\_

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

Are you able to transport your foster animal to local vets for appointments or emergencies? Yes  No

Do you have experience administering medications? Yes  No

Are you willing to administer medications? Yes  No

Please list any experience, formal or through personal experience, you have in regards to training or fostering animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to bring your foster animal to weekend adoptions, at least 4 times a month? Yes  No

Are you willing to show your foster animal during the week by appointment, in your home? Yes  No

Please list the name and phone number of a non-family member who can be used as a reference:

\_\_\_\_\_  
First and Last Name Street City Zip Phone Number Relationship

The Homeless Animals Response Program (HARP) does not operate a shelter and relies solely on the use of foster homes to save the lives of dogs and cats in East Contra Costa County communities. I understand fully this animal(s) is temporarily in my care and belongs exclusively to HARP. I further understand the purpose of this foster relationship is solely to provide care for this animal. Any determination made about this animal or this animal's care must be authorized by a designated HARP volunteer. I understand any veterinary care must be authorized by a designated HARP volunteer and further understand I will be responsible for any expenses incurred unless authorized by a designated person. I will not hold HARP responsible for any damage to property, persons or personal pets as a result of this foster animal.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

<b>For HARP use only</b>	
Received on: _____	By: _____
Reviewed on: _____	By: _____
Approved on: _____	By: _____