



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 _____

For HARP use only	
Received on: _____	By: _____
Reviewed on: _____	By: _____
Approved on: _____	By: _____