



Mail, fax or e-mail the complete form to: [Homeless & Orphaned Pets Endeavor](#)

**HOPE**

P O Box 273331

Houston, TX 77277-3331

Fax: 713-721-9560

E-Mail: [HOPE@homelesspets.net](mailto:HOPE@homelesspets.net)

## Foster Questionnaire for \_\_\_\_\_(your name)

What kind of animal would you like to foster? (*check all that apply*)

☐ Dog    ☐ Cat    ☐ Male    ☐ Special Needs(*bottle feeding, nursing*)  
☐ Puppy    ☐ Kitten    ☐ Female

Is this your rescue? ☐ Yes    ☐ No    ☐ Other-specify \_\_\_\_\_

If not, why do you want to foster an animal for HOPE? \_\_\_\_\_

### **Tell us about Yourself:**

Do you have pets now? ☐ Yes    ☐ No    If so, please list below:

Type (dog, cat, bird)	Age	Owned how long?	Altered?	Vaccinations current?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where do your pets stay during the day? \_\_\_\_\_ at night? \_\_\_\_\_

Personal Veterinarian's name, clinic & phone #: \_\_\_\_\_

May we have your permission to request information from your veterinarian? ☐ Yes    ☐ No

Do you own or rent? \_\_\_\_\_ Name of landlord/complex & phone # \_\_\_\_\_

If renting, have you asked if your landlord allows foster animal(s) on a temporary basis? ☐ Yes    ☐ No

### **Fostering Questions:**

Where will the foster animal stay:

At night? \_\_\_\_\_ During the day? \_\_\_\_\_

When you're not home? \_\_\_\_\_ If isolation is required? \_\_\_\_\_

Are you willing to keep animals caged or crated? ☐ Yes    ☐ No

What kind of animal behavior would you find unacceptable? \_\_\_\_\_

Who will have primary responsibility for foster animal(s)? \_\_\_\_\_

Do children live at or frequently visit your home? ☐ Yes    ☐ No If so, indicate age(s): \_\_\_\_\_

Who, if anyone, in your household is allergic to cats/dogs? \_\_\_\_\_

How long are you willing to foster the animal(s) in your care? \_\_\_\_\_

Are you able to bring your foster animal(s) to adoptions at a minimum of twice a month? ☐ Yes    ☐ No

Are you able to stay and help out at adoptions at a minimum of once a month? ☐ Yes    ☐ No

Can you drive your foster animal to one of HOPE's veterinary clinics when needed? \_\_\_\_\_

Notes: \_\_\_\_\_

TDL \_\_\_\_\_ DOB \_\_\_\_\_

HOPE representative: \_\_\_\_\_ Date: \_\_\_\_\_