



Animals are not our whole life, but they make our lives whole.

**Vision Hills Sanctuary
Foster Parent Program Application**

Date _____ Applicant's Name _____

Address _____

Phone number {home} _____ {work} _____

Email _____

This questionnaire will be used to determine if your environment meets the needs of the animals that we have available to foster. Why do you want to foster?

Do you own or rent your home? _____

If renting, please attach proof (lease) that your property manager approves of you having a pet in your residence and that it does not violate your rental agreement.

Do you have transportation? _____

Do you want the animal to be: Indoor only? _____ Indoor/outdoor? _____

Where will this animal be kept during the day? _____

Where will this animal be kept at night? _____

Do you have a fenced yard? _____

If yes, what is the fence type and height? _____

How many hours per day are you away from home? _____

Do you travel frequently? _____

Will you have time to teach a foster animal some basic manners? _____

How many adults are in the household? _____

How many children? _____ Ages of children? _____

Does anyone in your household have allergies to animals? _____

Who will be the primary caregiver? _____

Please list the animals that currently reside with you.

Species	Breed	Male/Female	Age	Spayed or Neutered
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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If you have family dogs/cats, can you provide proof of vaccination? _____

Who is your veterinarian (name and phone number)? _____

Are the dogs on heartworm preventative? _____

Describe the type of animal you would like to foster (species, breed, large, medium, small, length of hair, age...)

Would you allow to a home visit by one of our representatives? _____

How did you hear about our organization? _____

I understand that this organization cannot guarantee the health, temperament or training of the foster animal, and I hereby release Vision Hills Sanctuary from all liability once the animal is in my possession.

I understand that I will be required to provide proof of spay/neuter of any foster animals in my care if they were not altered at the time I took them into foster care. This is required by Texas State Law Sec. 828.003

I understand that Vision Hills Sanctuary will schedule periodic phone visits for as long as the animal(s) remain in my care.

Signature of applicant

Date