



# Hawaiian Humane Society

People for animals. Animals for people.

## Foster Care Application

2700 Waialae Ave Honolulu, Hawaii 96826

Volunteers must be 18 years of age. For those not yet 18 have a parent or guardian present.

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Animals You Would Like to Foster

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Puppies</b>  | <b>Maximum No.</b> _____  |
| <input type="checkbox"/> <b>Adult Dogs</b>   | <b>Maximum No.</b> _____  |
| <input type="checkbox"/> Small Breed (Up to 20 lbs) <input type="checkbox"/> Large Breed (45 lbs. and above)<br><input type="checkbox"/> Medium Breed (25 – 40 lbs) <input type="checkbox"/> Injured/ Pregnant | <input type="checkbox"/> Mother with babies<br><input type="checkbox"/> On Medication |
| <input type="checkbox"/> <b>Kittens</b>  | <b>Maximum No.</b> _____  |
| <input type="checkbox"/> <b>Adult Cats</b>   | <b>Maximum No.</b> _____  |
| <input type="checkbox"/> On Medication <input type="checkbox"/> Mother with babies <input type="checkbox"/> Injured/ Pregnant  |   |
| <input type="checkbox"/> <b>Small Animals</b>  | <b>Maximum No.</b> _____  |
| <input type="checkbox"/> Rabbits <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Guinea Pig <input type="checkbox"/> Turtles/ Tortoises  | <input type="checkbox"/> Rodents<br><input type="checkbox"/> Birds                    |

**I am interested in:**    Short-term Foster Care (2 - 8 weeks)    Long-term Foster Care (3 – 12 months)

**I am interested in:**    Behavior Fosters- My previous animal experience: \_\_\_\_\_

### Household Information

Living Accommodations:   Rent [ ]   Own [ ]   Other [ ] \_\_\_\_\_  
 Does your home allow pets? \_\_\_\_\_ Do you have a fenced in yard? \_\_\_\_\_  
 What supplies do you have? (crate, litter pan, etc.) \_\_\_\_\_  
 How many kids, if any, live at home? \_\_\_\_\_ Their ages: \_\_\_\_\_

### Pet Information

Do you own any pets? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
 Breed (s): \_\_\_\_\_ Sex(es): \_\_\_\_\_  
 Age (s): \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_  
 Behavioral Concerns: \_\_\_\_\_  
 Chronic Illness(es): \_\_\_\_\_ Current Veterinarian: \_\_\_\_\_  
 If you have no pets now, have you previously had pets in the past? \_\_\_\_\_

Signature: \_\_\_\_\_

(By signing above, I certify that all the information is current and accurate)