



infinite hope

P.O. Box 23903, Brooklyn, NY 11202  
Email: [infinitehopeanimalrescue@gmail.com](mailto:infinitehopeanimalrescue@gmail.com)

## Foster Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact/Tel: \_\_\_\_\_

### Household Information

Do you own or rent? \_\_\_\_\_

Does your lease permit pets? Yes \_\_\_ No \_\_\_ How Many \_\_\_ What Kind? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many adults live in the residence? \_\_\_ How many children? \_\_\_ Ages of children: \_\_\_\_\_

Do you have pets now? Yes \_\_\_ No \_\_\_

If yes, provide information on each pet:

1. Name: \_\_\_\_\_ Species (i.e. dog/cat): \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Spayed or neutered? Yes \_\_\_ No \_\_\_

Dog-Friendly? Yes \_\_\_ No \_\_\_

Cat-Friendly? Yes \_\_\_ No \_\_\_

Date of last Vaccinations: \_\_\_\_\_

2. Name: \_\_\_\_\_ Species (i.e. dog/cat): \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Spayed or neutered? Yes \_\_\_ No \_\_\_

Dog-Friendly? Yes \_\_\_ No \_\_\_

Cat-Friendly? Yes \_\_\_ No \_\_\_

Date of last Vaccinations: \_\_\_\_\_

3. Name: \_\_\_\_\_ Species (i.e. dog/cat): \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Spayed or neutered? Yes \_\_\_ No \_\_\_

Dog-Friendly? Yes \_\_\_ No \_\_\_

Cat-Friendly? Yes \_\_\_ No \_\_\_

Date of last Vaccinations: \_\_\_\_\_

4. Name: \_\_\_\_\_ Species (i.e. dog/cat): \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Spayed or neutered? Yes \_\_\_ No \_\_\_

Dog-Friendly? Yes \_\_\_ No \_\_\_

Cat-Friendly? Yes \_\_\_ No \_\_\_

Date of last Vaccinations: \_\_\_\_\_

Current veterinary clinic or hospital: \_\_\_\_\_ Tel: \_\_\_\_\_

Does anyone in your household have allergies to animals? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Would you permit your animals and/or children to interact with foster animal(s)? Yes \_\_\_ No \_\_\_

Would you agree to a home visit prior or during the fostering? Yes \_\_\_ No \_\_\_

## **Fostering Information**

What type of animals are you willing to foster? (check all that apply)

Cats \_\_\_ Dogs \_\_\_ Kittens \_\_\_ Puppies \_\_\_

Special needs animals (emotional and/or physical)? Yes \_\_\_ No \_\_\_

Mother with kittens or puppies? Yes \_\_\_ No \_\_\_

How many animals are you willing to foster? \_\_\_\_\_

What is the maximum length of time that you can provide foster care?

1-2 weeks \_\_\_ 2-4 weeks \_\_\_ 1-2 months \_\_\_ 2+ months, as needed \_\_\_

Emergency fostering (1-2 days, last minute) \_\_\_

Please describe the area where the animal(s) will be kept and cared for in your home:

\_\_\_\_\_

Sometimes animals become ill while in foster care. If this situation arises, would you be willing and able to administer medicine? Yes \_\_\_ No \_\_\_

Have you ever administered medicine to animals? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Please specify additional information you would like to receive:

House breaking \_\_\_ Socialization \_\_\_ Litter-box training \_\_\_ Bottle-feeding \_\_\_

Animal safety for children \_\_\_ Training tips \_\_\_ Crate training \_\_\_ Other \_\_\_\_\_

## Personal References

Please provide two personal references, only one of which may be a relative.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Note:** Animals that are being fostered are available for adoption only through Infinite Hope and not by the foster home. Any interested adopter must complete an Infinite Hope adoption application and meet with an adoption coordinator.

**I verify that the information provided on this application is true and I agree that if I foster an animal for Infinite Hope that the animal is available for adoption only through an application process and approval of Infinite Hope.**

\_\_\_\_\_  
Signature of Foster Caregiver

\_\_\_\_\_  
Date

*(You may type your name as the signature if submitting electronically.)*

**Please submit the completed application to:**

[infinitehopeanimalrescue@gmail.com](mailto:infinitehopeanimalrescue@gmail.com) or

Infinite Hope

P.O. Box 23903

Brooklyn, NY 11202