

HOOVED ANIMAL RESCUE & PLACEMENT, INC.

FOSTER HOME APPLICATION

Thank you for your interest in our Foster Care Program. This program places animals in temporary care until a permanent, adoptive home is found. This application does not obligate you to take any particular animal(s) at any particular time, but is needed prior to you fostering a HARP animal.

1. Person(s) who care for the foster animal(s):

Name: _____

Address: _____

Mailing Address if different: _____

Phone: (day) _____ (night) _____ (cell) _____

Name: _____

Address: _____

Mailing Address if different: _____

Phone: (day) _____ (night) _____ (cell) _____

2. Will children have access to the animal(s)? ☐ Yes ☐ No If yes, what age(s): _____

3. What type of animals are you willing to foster? ☐ Horses ☐ Goats ☐ Cattle ☐ Pigs

☐ Other (specify) _____

4. What experience do you have with this/these animals? _____

5. Where will the animal(s) be kept? _____

6. How many animals do you feel you could foster at one time? _____

7. How long a time do you feel you could foster an animal? _____

8. What type and how many animals do you currently have? _____

9. Are your current animals current on their vaccinations? ☐ Yes (please provide records) ☐ No

10. If you have horses, we require proof of negative Coggins test performed within the last year.
Current (-) Coggins has been provided ☐ Yes ☐ No

11. Name and telephone number of your veterinarian(s):

12. If you have animals which require farrier work, who is your farrier(s)?

13. References:

A. Name: _____
Relationship to Applicant: _____
Telephone Numbers: _____
How long have they known you? _____

B. Name: _____
Relationship to Applicant: _____
Telephone Numbers: _____
How long have they known you? _____

C. Name: _____
Relationship to Applicant: _____
Telephone Numbers: _____
How long have they known you? _____

14. Have you ever had animals legally taken from your ownership due to neglect or cruelty?
☐ Yes ☐ No If yes, explain: _____

By signing this application I/we agree to a pre-placement assessment of the housing area for the foster animal(s). I/we also agree that my veterinarian can release information regarding the healthcare history of my personal animals to HARP, and that the references I have listed above can speak with a HARP representative. I understand that HARP provides reasonable feed, veterinary, farrier and other care to animals in foster care, and that for the foster home to be reimbursed, approval for items must be given by HARP and receipts submitted to HARP. I understand that HARP maintains ownership and control of any animal in foster care.

I have read and agree to the above: _____
Signature Date

I have read and agree to the above: _____
Signature Date

☐ Approved ☐ Denied ☐ Pending HARP Representative _____

Comments: _____
