



3607 N ARMENIA AVE, TAMPA, FL 33607-1322

HSTB FOSTER CARE PROGRAM Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Drivers License #: _____ State: _____

Employer's Company Name: _____

Home/Cell Telephone: _____ Work Telephone: _____

Email Address: _____

1) Do you live in a ... Condo/Townhouse Apartment Duplex

Mobile Home House

2) Do you... Rent/Lease Own your residence?

How long have you been at this address? _____

3) How many adults reside in the household? _____

Are there any children in your home? Yes No

Children's Names and Ages? _____

4) Have you ever turned an animal over to an animal shelter? Yes No

If Yes, Why? _____

5) Do you have any Dogs/Puppies and/or Cats/Kittens at home now? Yes No

a) Age: _____ Breed: _____ Sex: _____ Licensed? Yes No

Pet Name: _____

b) Age: _____ Breed: _____ Sex: _____ Licensed? Yes No

Pet Name: _____

c) Age:_____ Breed:_____ Sex:_____ Licensed? Yes No

Pet Name: _____

d) Age:_____ Breed:_____ Sex:_____ Licensed? Yes No

Pet Name: _____

6) Do you have an area where foster animals can be kept separate from your pets? Yes No

7) Would there be anyone at home during the day? Yes No

If Yes, Who? _____

8) Have you had pets in the past five (5) years? Yes No

What Animal Hospital/Clinic do you (or did you) use? _____

Phone _____ City? _____

9) Approximate Date and Reason of last Veterinarian Visit? _____

10) Has anyone in your household ever had allergies to animals? Yes No

11) Has anyone in your household ever nursed orphaned puppies or kittens? Yes No

12) Are you aware that time and expenses are incurred when you foster animals? Yes No

13) Would you be willing to foster pet(s) that require daily medications or treatments until they are well?

Yes No

14) Would you like to foster:

Dog (s) How many? _____ Cat(s) How many? _____

Orphaned puppies Orphaned kittens

Please either mail to HSTB, 3607 N. Armenia Ave., Tampa, FL 33607, fax to (813) 876-0765
or email to hstb@humanesocietytampa.org