



Hawk Creek Animal Shelter

Humane Society of Kandiyohi and Meeker Counties

250 28th St SW • Mail: PO Box 709 • Willmar, MN 56201 • (320)235-7612 • Fax: (320)235-1878 • License 47292

FOSTER CARE APPLICATION

Contact Information

I am 21 years of age or older. Yes No

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Environment Information

Do you currently own a pet? No Yes (*fill in below*)

What kind: _____ Male Female Spayed/Neutered

Are all of its vaccinations current? Yes No

Who is your Veterinarian? _____

Are there children in the home? No Yes Ages: _____

Do you have a completely fenced in yard? Yes No

Do you have a completely enclosed, separate indoor area for the animal(s)? Yes No

Please Explain: _____

Do you own or rent? Own Rent (*fill in below*)

Landlord Name and Number: _____

Staff Use Only

Date Called: _____ Landlord Response: _____

OVER

What types of animals would you be interested in fostering?

Cats

Dogs

Reptiles / Rodents

Cats with Kittens

Dogs with Puppies

Horses

Pregnant Cats

Pregnant Dogs

Rescued Animals

Bottle feeding or extra care of kittens / puppies

Wildlife: _____

Have you had any animal care/training experience? No Yes

Please Explain: _____

Have you volunteered or been employed at this or another animal shelter? Yes No

Where: _____

What were your duties? _____

How were you referred to the HSKMC/HCAS? Friend/Family Newspaper Online

Other _____

I agree that the above information is true to the best of my knowledge. I understand that an evaluation of my home may be conducted prior to approval.

Signature: _____ **Date:** _____