



# HARRISBURG ANIMAL RESCUE TEAM



## FOSTER APPLICATION

### DEMOGRAPHIC INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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

If you rent your home, please list the name and phone number of your landlord.

\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number (if applicable): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred method to contact you:                      Phone                      Text                      E-Mail

### EMPLOYMENT INFORMATION

Are you currently employed? \_\_\_\_\_

Full-Time/Part-Time: \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Are you currently a student? \_\_\_\_\_

Full-Time/Part-Time: \_\_\_\_\_

### **HOUSEHOLD INFORMATION**

**Number of Adults in your Home:** \_\_\_\_\_

**Number of Children in your Home:** \_\_\_\_\_

**Ages of Children in your Home:** \_\_\_\_\_

**What other pets do you have in your home?** \_\_\_\_\_

\_\_\_\_\_

### **REFERENCES**

**Personal Reference #1:** Non-family member preferred

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Length of time you've known this person:** \_\_\_\_\_

**Personal Reference #2:** Non-family member preferred

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Length of time you've known this person:** \_\_\_\_\_

**Current Veterinarian:** Please contact the Veterinary Office and inform them that they will be receiving a phone call from a HART representative

**Name of Practice:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Length of Time you've been taking your pets to this Veterinarian Practice:** \_\_\_\_\_

\_\_\_\_\_