



**Grand Strand**  
HUMANE SOCIETY

*Caring for Homeless and Abandoned  
Animals Since 1972*

3241 Mr. Joe White Avenue • Myrtle Beach, SC 29577  
Telephone (843) 918-4910 Fax (843) 445-2821  
www.grandstrandhumanesociety.com

## Animal Fostering Application

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

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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

If you rent can you provide permission from your landlord to foster? \_\_\_\_\_

Will you agree to home visits(s)? \_\_\_\_\_

How many hours per day will the animal be left alone? \_\_\_\_\_

Where will the pet stay while being fostered? \_\_\_\_\_

Will the foster animal be in contact with any other household pets? \_\_\_\_\_

If yes, please list all other household pets and their ages \_\_\_\_\_

Please list the animals you are willing to foster \_\_\_\_\_

Are you willing to give injections and/or medication if needed? \_\_\_\_\_

Are there any children in the home (if yes please list with ages) \_\_\_\_\_

If the GSHS becomes unwilling to reimburse you are you willing to continue to foster? \_\_\_\_\_

Have you read and signed the Release of Liability Waiver? \_\_\_\_\_

For internal use only

Date \_\_\_\_\_

Pet Name and ID # \_\_\_\_\_

Date taken to be fostered \_\_\_\_\_ Date animal scheduled to return \_\_\_\_\_

Reason animal is being fostered \_\_\_\_\_

If denied, please list reason(s)

GSHS Employee \_\_\_\_\_