



# International Hedgehog Association

## Fostering Application

The International Hedgehog Association (IHA) is a charitable organization with IRS 501c(3) non-profit status dedicated to improving the care and quality of hedgehogs worldwide by means of supporting rescue, education, research and exhibition. IHA membership is encouraged for people who foster unwanted hedgehogs. By becoming a member in this organization, you will help support many projects underway to help hedgehogs. Membership benefits include a subscription to the IHA News, a newsletter centered around hedgehog care.

**Name** (last, first, middle initial)

**Age**

**Address** (number, street)

(city, town, municipality)

(state, province)

(zip code, postal code)

(country)

**Telephone** (home)

(cell)

**Email**

Please provide the following information as fully as possible. Not having experience in a particular area is not an automatic disqualification. This data will aid the IHA in mentoring potential rescuers and assuring the best possible care for the hedgehogs.

How many years experience do you have handling and caring for hedgehogs?

Do you have experience involving "special needs" for hedgehogs?

If yes, please indicate in what areas this experience falls:

- Pregnancy and/or newborn care
- Terminally ill (cancer, Wobbly Hedgehog Syndrome, congestive heart failure)
- Amputee
- Elder care
- Special dietary issues
- Vision problems (blindness, cataracts)
- Prior abuse or neglect issues

Do you agree to surrender any fostered hedgehog back to an IHA Rescue contact in the event you are no longer able to provide care?

- yes       no

Do you agree no fostered hedgehog will be knowingly bred?

- yes       no

Do you agree in the event of accidental breeding you will abide by advice and mentoring from a member of the Hedgehog Breeders Alliance and/or IHA to assure quality life and health of mothers-to-be, new mothers, and offspring?

- yes       no

If accidental breeding occurs, do you agree to notify the IHA Rescue Coordinator of same and provide information as to dam, sire, and litter to be entered into the International Hedgehog Registry?

- yes       no

Do you further agree no offspring from such breeding occurrences will be sold for profit but, with aid of IHA, will be placed in foster homes should you yourself not be able to maintain care and habitat?

- yes       no

Please give a brief description of your habitat plan. Included should be size, bedding, food and water access, wheels and other toys/stimulation, location within your own dwelling, lighting (natural and artificial), and temperature. Please use additional pages if necessary.

Please give a brief description of your diet plan, including snacks and/or treats to be offered. Please use additional pages if necessary.

Are there small children in the household?  yes  no  
If yes, how many and what ages?

Are there other pets in the household?  yes  no  
If yes, what kind(s) and numbers?

Are there smokers in your household?  yes  no

Should you become ill or called away from home (work travel, vacation, etc.), what is your care plan for a hedgehog? Please use additional pages if necessary.

Please provide the following references:

**Veterinarian**

The best plan of treatment for sick or ailing hedgehogs is to have a knowledgeable veterinarian available before a problem arises. Please provide the following information for each veterinarian you plan to use in the care and treatment of rescue hedgehogs.

\*Note: if several veterinarians share the same animal hospital or clinic, list each veterinarian names separately followed by hospital or clinic information.

**Veterinarian name(s)**

**Animal Hospital or Clinic name**

**Clinic address** (street)

(city, town, municipality)

(state, province)

(country)

(zip code, postal code)

**Clinic telephone** (include area code)

**Clinic or Veterinarian Email**

**Personal**

Please provide the names, addresses, telephone numbers, and email addresses of three persons who can speak in your behalf as to your abilities and commitment to the care of rescue animals. Include a time most convenient for those persons to be contacted. It is preferred you seek permission from these persons as IHA will make contact.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18 years of age)