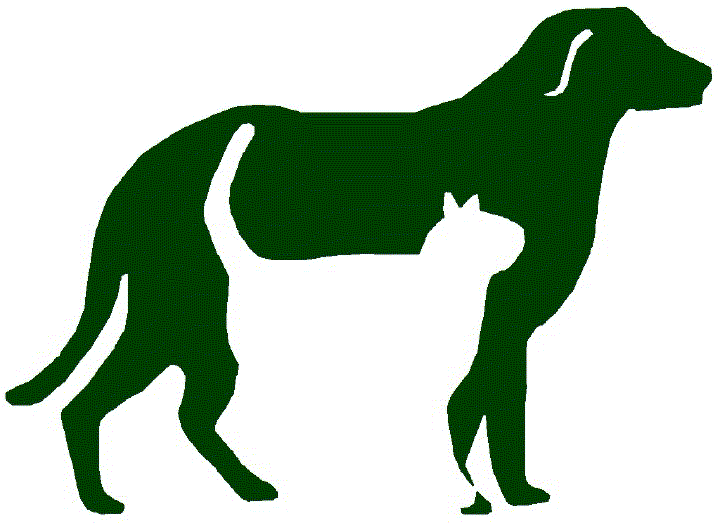
**BOND COUNTY HUMANE SOCIETY**

**FOSTER HOME APPLICATION**



**HOUSEHOLD INFORMATION**

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

City/State/Zip: Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you rent or own? \_\_\_\_ House/Apartment/Condo/Trailer

If renting, please provide your Landlord’s name & number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If less than 1 year, please state how long at previous address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many adults in household? \_\_\_\_ How many children? \_\_\_ Children ages & sex: \_\_ / / / /

Do any family members suffer from allergies? \_\_\_\_ If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your family’s lifestyle? Very Active Moderately Active Slightly Active

Are all family members in agreement about fostering a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to allow a designated BCHS representative to visit your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

**pet information**

# Please list all the animals you have owned in the past 5 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Age |  |  |  |  |
| Breed |  |  |  |  |
| Sex/Altered |  |  |  |  |
| Do you still own? |  |  |  |  |
| If you no longer own the animal where are they now? |  |  |  |  |
| Provide description of pet’s temperament. |  |  |  |  |

***Do you have a regular Veterinarian? \_\_\_ Yes \_\_\_ No***

**NOTE: If you currently own a pet or have owned one in the last 5 years, a veterinarian reference is required to process your application. If a vet reference is not supplied, please explain the reason.**

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you been with this vet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The reason I cannot supply a vet reference is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Do we have permission to contact the veterinarian identified to obtain your current or past animal(s) vaccination, flea and heartworm prevention history? \_\_\_ Yes \_\_\_ No***

**experience**

Do you have previous experience fostering pet(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever participated in Obedience training classes? Yes No . Please describe your experience with training and behavior programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you correct or discipline a pet? Physical Verbal Other

Are you willing to work with a BCHS designated dog trainer? \_\_\_\_ Yes \_\_\_\_ No

**Preferences**

What do you want to foster?\*:

\_\_\_\_ Dogs \_\_\_\_ Puppies \_\_\_\_ Bottle-feeder puppies

\_\_\_\_ Cats \_\_\_\_ Weaned kittens \_\_\_\_ Bottle-feeder kittens

\_\_\_\_ Mom and litter (dogs) \_\_\_\_ Mom and litter (cats)  
Are there any restrictions on the types of pets you can foster?\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What size dog are you willing to foster: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large

Where will foster dog be kept when you are home? (check all that apply):

\_\_\_\_ Inside \_\_\_\_ Outside \_\_\_\_ Crate  
  
Where will foster dog be kept when you are NOT at home? (check all that apply):

\_\_\_\_ Inside \_\_\_\_ Outside \_\_\_\_ Crate

Where will the foster cat be kept in the home? (check all that apply):

\_\_\_\_ Loose inside \_\_\_\_ Indoor/Outside \_\_\_\_ Cat Room \_\_\_\_ Crate  
How long will the pet be left alone every day: 0-2 hrs 3-5 hrs 6-8 hrs 9+ hrs

Preferred Foster Duration (check all that apply):

\_\_\_\_ Short term placement \_\_\_\_ Longer-term placement \_\_\_\_ As long as it takes

Are you willing to accept a special needs pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to transport the pet to/from adoption events?: \_\_\_\_ Yes \_\_\_\_ No

Are you ready to foster now, or in the very near future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**references**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship |
|  |  |  |  |

The information on this application will be kept confidential. I certify that all the above information provided above is complete and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date