



# 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