

Dane County Humane Society

Foster Care Application

Personal Data

NAME:	Date:
Address:	Work Phone:
City/ Zip Code:	Work Hours:
Home Phone:	Employer:
Email:	Preferred method of communication (please circle) Email Home phone Work phone other

Household Information

Do you currently rent or own? (please circle) <div style="text-align: center;">RENT</div> OWN	If you rent, please provide your landlord's name and phone number.
How many people live in your household?	Is everyone in your household aware that you are interested in fostering animals? YES NO
Are there children in the household? YES NO If yes, how many? _____ How old? _____ Have they lived with animals before? YES NO	Does anyone in the household have allergies? <div style="text-align: right;">YES NO</div> If yes, how do they intend to cope with their symptoms?
Do you have a fenced in yard? YES NO	Do you have secure screens on your windows? YES NO

Current Pet Information

Animal's name	Species	Age	Sex (Spayed or Neutered?)	Health	Temperament

Please explain what types of pets you have owned in the past and what happened to them:

Name of your veterinarian/clinic and phone number:	Are your pets current on their rabies and distemper vaccinations? YES NO UNSURE
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What are your feelings about euthanasia of homeless animals for health or temperament problems?

Fostering Areas (please mark those of interest)

Cats	Dogs
<input type="checkbox"/> Upper Respiratory Infection cats or kittens.	<input type="checkbox"/> Puppies too young to fit adoption criteria.
<input type="checkbox"/> Kittens too young to fit adoption criteria.	<input type="checkbox"/> Under socialized puppies.
<input type="checkbox"/> Moms and kittens.	<input type="checkbox"/> Moms and puppies.
<input type="checkbox"/> Injured and recovering cats.	<input type="checkbox"/> Injured and recovering dogs.
<input type="checkbox"/> Under socialized kittens.	<input type="checkbox"/> Under socialized adult dogs.
Other species?	

What animals or situations are you most interested in fostering?:

Are you comfortable giving an animal medication if needed?

Please list days of the week and times that would work best for you to have a trained volunteer come to your home for the required home visit prior to being approved as a foster home. _____

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering pets. I understand that DCCHS has the right to deny my request to foster animals for any situation that would be contrary to the society's policies, in violation of state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by your agency.

Signature _____ Date _____

_____ Drivers license or other formal ID _____ Date of Birth _____

All information contained in this application will remain confidential and property of the Dane County Humane Society.

After your housing and veterinary references have been checked the Foster Coordinator will get in touch with you by the preferred method of communication you listed. Please be patient.

*******For Office Use Only*******

Housing Verified YES NO

Comments _____

Landlord Approval YES NO

Comments _____

DCCHS Records Checked YES NO

Comments _____

Veterinary Reference Checked YES NO

Comments _____

Interview Comments

Approval YES NO

Comments _____

