



General Information:

First Name M.I. Last Name Home Phone Cell Phone

Street Address City, State ZIP

E-mail Birth Date (00/00/00) Occupation Employer Name

Property Information:

House Duplex Apartment Condo Mobile Home

I own I rent I live with a parent or guardian If you rent, name of landlord/condominium manager: _____

Landlord phone: _____ Landlord E-mail (If Applicable): _____

Spouse/Roommate/Partner's name (if applicable): _____

Names & ages of children (if applicable): _____

Where will the foster animal(s) be kept during the day and at night? _____

Caretaker Information:

Who will be the primary caretaker for the foster animal(s)? _____

Will there be another person available to take care of the foster animal(s)? If so, who? _____

How long do you anticipate being able to spend with the foster animal(s) each day? _____

How long are you willing to foster an animal(s)? _____

Some of our foster animals may need additional medical care. Are you comfortable giving medications?
Yes – pills only Yes – pills and liquids only Yes – anything No

Willing to foster: Puppy Dog

How many pets are you willing to foster at one time? _____ Male/Female preference? M F Either

Check if you are comfortable with: Bathing Grooming Clipping nails Caring for injuries Housetraining a dog Exercising a dog

Socializing shy/scared pets Bottle feeding babies

Pet Information:

Please list current and other pets you have owned in the past five years.

Type of Animal	Pet's Name	M/F	Spay/Neuter	Age	Still have?	If no, why not?
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	Y N	_____	Y N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	Y N	_____	Y N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	Y N	_____	Y N	_____
_____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F	Y N	_____	Y N	_____

Please list your current veterinarian and any veterinarians you have used in the past. We will contact the veterinarian to verify your current pets are up to date on shots. This is a requirement for foster care homes.

Veterinarian Name(s): _____ Vet Clinic Name(s): _____

Current Veterinarian Phone: _____ and/or E-mail: _____

Additional Information:

Please provide two *non-related* references:

_____	_____	_____
Name	Phone (s)	E-mail

_____	_____	_____
Name	Phone (s)	E-mail

By signing this form, I/we acknowledge that the information on this form is true and correct. I/we agree to all provisions indicated on this form. If my/our request for fostering is approved and later Fox Valley Humane Association discovers the above information is not true or correct, this application becomes null and void, and because of my breach of contract, Fox Valley Humane Association reserves the right to remove the foster pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process. In order to ensure the best foster homes for our rescued pets, we reserve the right to deny any foster application.

Signature

Date

Thank you for applying to foster a pet for Fox Valley Humane Association! Please allow 48-72 hours to process your application.