



Foster Home Application

Name:			Occupation:
Address:			Employer:
City:	St	Zip	Work Address:
Daytime Ph: ()			
Cell Phone: ()			Work Phone: ()
Email:			

Foster home stays range from a few weeks to a few months. The animals may have behavioral or health issues. Staff will review all facts with a foster family to ensure the best fit.

Are you interested in fostering: Cats <input type="checkbox"/> Feral Kittens <input type="checkbox"/> Dogs <input type="checkbox"/> Small animals (rabbits, guinea pigs, ferrets, birds, etc.) <input type="checkbox"/>	
Do you have a breed or size preference?	
Do you: Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Other <input type="checkbox"/>	Where will the foster animal be cared for?
Does your lease / landlord allow pets? _____	
Number of children in the home: _____	Hours per day the foster will be alone in the home: _____
Ages:	What are the care arrangements when you are not at home?
Do you have a fenced-in yard? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have screens on your windows? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have pets now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, did you have pets in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list your current pets:	Where are they now?

Name	Breed	Sex	Age	Spayed/Neutered

Do any of your pets have behavioral issues or chronic illness? Explain	Name of your Vet:

Please read carefully, then sign and date this document.

BHS determines the criteria for fostering, decide which animals will be fostered, and appoint foster care providers from a pre-approved list. Approved "foster parents" may always refuse any specific request for timing or other reasons. BHS staff will inform you of any medical treatments to be given, the expected length of the foster care period, the objectives of the care (restoring to health, rearing to adoptable age, socializing, etc.), and any other expectations we have. You will be expected to keep the animal secure (inside your house, unless taken out for exercise [dogs/puppies only]), return the pet to BHS whenever requested to do so, and not promise the animal to anyone, or imply the authority to approve a potential adoption unless authorized by BHS staff. I understand that under certain circumstances my foster animal(s) may need to be euthanized, and I will be given a choice of whether or not to be notified.

BHS will retain ownership of all animals in foster care, and will make all decisions regarding the adoption or euthanasia of the animals fostered. All adoptions will be handled by BHS staff or an authorized foster care provider. A BHS staff member may arrange a home visit prior to the final approval of this application.

Signature:

Date: