



**BAY AREA**  
**Humane Society**  
*Part of your family*

920.469.3110 1830 RADISSON STREET GREEN BAY, WI 54302

## Foster Family Application

Personal Information:			
Last Name	MI	First Name	Birth Date
Address			
City		State	Zip Code
Phone Number - Primary		Phone Number – Secondary	
( ) -		( ) -	
Email Address			
Home Information:			
Own?		Rent?	Other? Please describe below:
Apartment?		House?	
If you rent, do you have the landlord's permission to foster?			Yes No
Landlord's Name		Phone Number	
		( ) -	

Family Information: <i>This information is important to us to ensure that your foster pet is a suitable match for your home.</i>			
# Adults:		# Children:	Children's Ages:
Dogs:		Cats:	Other Pets:
Are the dogs and/or cats spayed/neutered?			Yes No
Veterinarian Information: <i>It is important that your pets' vaccinations are current, because vaccines protect your pets and the foster pets.</i>			
Veterinarian/Clinic's Name		Phone Number	
		( ) -	
Name Pets' Files are Under:			

**Fostering Information:**

Do you have any special requirements that we should be aware of? *Health issues, scheduling conflicts, limitations, allergies, etc.* Please describe:


We recommend that foster pets be kept separate from personal pets. Please describe where your foster pet will be kept:


There are a variety of foster opportunities available. What companion animals are you interested in fostering? *Please be aware that some opportunities may be seasonal, some require additional training through BAHS, and some rarely occur.*

\*URI – Upper Respiratory Infection (a kitty cold)

	Mom Cat with Kittens		Mom Dog with Puppies
	Weaned Kittens		Weaned Puppies
	Bottle Fed Kittens (every 2-4 hours)		Bottle Fed Puppies (every 2-4 hours)
	Pregnant Cat		Pregnant Dog
	Adult Cat with URI		Puppies Requiring Socialization
	Kittens with URI		Dogs Requiring Socialization
	Kittens Requiring Socialization		Dog Recovering from Injury/Surgery
	Cats Requiring Socialization		Puppy Recovering from Injury/Surgery
	Cat Recovering from Injury/Surgery		Adult Dog – Full Shelter
	Kitten Recovering from Injury/Surgery		Adult Small Animal – Full Shelter
	Adult Cat – Full Shelter		Mom Small Animal with Infants
	Mom Rabbit with Infants		Mom Bird with Infants
	Rabbit Recovering from Injury/Surgery		Orphaned Infant Birds (every 2-4 hrs)

**General Foster Care Questions**

Are you willing to transport foster pets to our approved vets?		Yes		No
Would you be available to transport your foster pet to and from adoption events held at various locations (PetCo, etc.)?		Yes		No
Different animals need to be in foster care for different lengths of time. What do you feel would be the longest you would be able to keep a foster pet in your home?				

<b>Animal Experience:</b>			
Briefly describe any relevant experience you have had with the animals you have checked above:			
Have you ever fostered animals for another organization?		<input type="checkbox"/>	Yes
Do you currently foster animals for another organization?		<input type="checkbox"/>	No
If you answered 'Yes' to either question, please describe your fostering experience: <i>This will help us determine the type of training we can provide to you.</i>			
Personal References: <i>Please provide two references who know you in relation to your experience with animals.</i>			
Name		Phone Number	
		(     )                    -	
		(     )                    -	

I know and understand the rules and procedures of the Bay Area Humane Society's Foster Care Program. I have read and agree to all stipulations listed in the Foster Care Program Manual. I understand that foster pets could be adopted out, transferred, or euthanized at the discretion of the Bay Area Humane Society. I also understand there could be health risks to myself, my family, and my own animals and I accept these risks. I hereby release BAHS and its employees, staff, agents and/or representatives from any claims or demands that I have, or may have, that: (a) may be connected with the foster pet, (b) may arise out of BAHS' care of this foster pet, and/or (c) may arise out of my care of the foster pet.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature