

Huron Humane Society Foster Application

Date:

Name:

Address:

Home Phone:

Cell Phone:

Work Phone:

Employer:

E-mail:

Driver's License:

Date of birth:

Residence:

Type of housing:

House Apartment Mobile Home Farm Condo Other

Do you:

Own Rent Live with parents Other

If you do not own your home are you allowed to have pets there? Yes No

If you rent, we will need to verify your landlord's pet policy. Please provide you landlord's name and phone number. _____.

How many adults reside in your home? _____ Children? _____ Ages of children? _____.

Would anyone be home during the day? Yes No

Do any members of your household suffer from allergies? Yes No

Do you have (choose all that apply):

Fenced yard A stationary tie-out An outdoor run
 Invisible fencing A dog house

Do you currently have pets? Yes No

If yes, please complete the following:

Pet's Name	Breed	Age	Altered	Vaccinated

Please provide your Veterinarian's name and phone number: _____.

Do your pets get along with other animals? Yes No Sometimes

What type of animals would you be interested in fostering?

Are you capable of giving a foster animal medication if necessary? Yes No

Where will the foster animal be kept when no one is home? Indoors Outdoors Kenneled

Where will the foster animal sleep? Indoors Outdoors Kenneled

Why do you want to foster an animal?

Have you ever been convicted of a crime causing harm to another person or animal? Yes No

If yes, please explain:

I agree that all of the information I provided herein is correct as written and I authorize the Huron Humane Society to verify any information.

Print Name

Date

Signature