

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Dog Foster Care Program.

PERSONAL	INFORMATION	(Please print):				
Name:				Age:	Date: _	
Address:						
City:				State	e: Zip:	
Home phon	ne:		Work/	Cell phone:		
Email:						
How did yo	ou hear about us	?				
Name and p	phone number of	your current vet	erinarian?			
How many Adults over household l Do you live RENT LEAS If rentin If ren able	nave allergies to e in: HOUSE APA SE How long hav g/leasing, are th	dogs? Yes No If y ARTMENT CONI ye you been at thi ere pet restriction name tact your landlord is receive positive con	es, DO DUPLEX M s address? ns? YES NO If y Lance to ask if fostering	OBILE HOME To the yes, what are the diord's phone	TOWNHOME I	
Dog/Cat	Breed	Name	Age	M/F	Altered?	How long owned?
	•				•	•

Please use the back of the application if you run out of space. We recommend all other animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of fostering animals with your veterinarian.



Who will be the primary caretaker of your foster dog(s)?
Describe your yard: ¹ No yard □Unfenced yard □Partially fenced yard □Completely fenced yard
Ieight of fence: Made of? □Wood □Chain link □Brick □Other
you don't have a fenced-in yard, do you agree to keep your foster dog on a leash at all times outside? les ¬No
Never had a dog Had childhood pet dog Had one or more as an adult Have experience with powerful breeds Have experience working with ongoing medical problems with a personal dog Have experience working at a boarding kennel/resort/pet sitting service etc., Have experience working with behavioral issues with a personal dog Have experience working in a veterinary hospital Am a professional dog trainer Have previous foster/rescue experience, if yes, please describe:
Oo you have experience with: □Small dogs □Medium dogs □Large dogs ist experience with specific breeds:
What types of dogs are you interested in fostering? Check all that apply □Adult dog □Puppies Mother with nursing puppies □Unweaned puppies/Bottle babies □Medical Needs dog/puppy □Injured dog/puppy □Senior Dog □Dog/puppy with behavioral issues □Long-term hospice care
Iow many hours during the AVERAGE day will this dog spend WITHOUT a human?
Where will this dog be when someone is home?
Where will this dog be when alone? Where will this dog sleep at night?
What situations do you feel unprepared for? □Excessive barking □Destructive chewing □Not housetrained □Digging □Escaping □ Resource (food/toy) aggression □Shy, fearful, or undersocialized □Not good with children □ □Not good with other dogs □Not good with small animals/cats □Scratching/biting □Administering medications □Providing on-going training □Very high activity level □ Deaf/Blind dogs



Do you have a preference on:

Size? YES NO If yes, please list size preference:
Breed? YES NO If yes, please list the breed you prefer:
Age? YES NO If yes, please list age preference:
Please tell us anything else you would like us to know to help match you up with the right foster animal:
Staff Notes:



Please read	the	following	carefully	<i>ا</i> :
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WCHS determines the criteria for fostering, decides which animals are eligible for foster care and appoints foster caregivers from a pre-approved list of trained providers. WCHS foster care volunteers may always refuse any specific request for any reason. WCHS staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.

You will keep the animal safe and secure, return it to WCHS when requested, and not promise the animal to anyone or imply that you have the authority to approve a potential adoption. WCHS retains ownership of all animals in foster care and will make all decisions regarding the adoption & placement of the animals fostered.

Unless otherwise arranged, the foster parent may pick up all food, bedding, and toys for the animal from the shelter while it is in their care at home. The foster parent is responsible for transporting the animals to and from WCHS for veterinary appointments, surgery, behavior evaluations, vaccinations, etc. Upon returning your foster animal to WCHS you will be required to fill out a brief questionnaire about your foster animal's behavior and personality.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although WCHS takes reasonable care to screen animals for foster care placement, it makes no guarantees regarding the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which WCHS has asked me to provide care. I acknowledge that WCHS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement. I assume liability for providing adequate controls to prevent such damage or injury.

Signature	Date	
Worcester County Humane Society Representative	Date	