



HUMANE SOCIETY CALUMET AREA ADOPTION AND INTAKE CENTERS

Committed to a humane community; est. 1941

Foster Care Application

Please answer every question thoroughly. Foster care applicants must be at least 21.

First & Last Name: _____ Age: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Type of home?

House Apartment Condo Mobile Home Duplex

Total number of adults living in the household? ____ Number of children? _

Please list all companion animals you currently own:

Name	Age	Breed	Spayed/Neutered	If not, why?

Name, address and phone of your veterinarian? _____

Can your vet verify current vaccination status of your animals? Yes No

If no, where can we verify that information? _____

What is your typical schedule? _____



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On a daily basis how many hours would the foster animal be left alone?

< 4 hrs 4-8 hrs 8-12 hrs 12 or more hours

Have you ever fostered an animal before? Yes No

If so, please name the organization: _____

What type of animals would you be willing to foster?

Kittens with mom? Yes No

Orphaned kittens (< 7 days-6 weeks)? Yes No

Puppies with mom? Yes No

Orphaned puppies: (< 7 days-6 weeks)? Yes No

Special needs animals? Yes No

I certify that the information provided is true. I understand that falsification of the information or non-compliance with state statues pertaining to the welfare of the animals will result in automatic termination of any foster relationship with the HSCA. I hereby give the HSCA permission to contact my veterinarian (if applicable) to obtain information about my current pets. I understand that my landlord (if applicable) will be contacted to verify that I may house domestic animals on a temporary basis. I will allow a representative of the HSCA to conduct a home visit in conjunction with this application.

I further agree to hold harmless and indemnify the Humane Society Calumet Area, Inc. from any injuries, health problems or loss sustained by me, my owned animals or other persons or animals caused by the animal I am fostering.

I understand that the HSCA may reject this application for any reason and may terminate my status as a foster parent at anytime. I understand that I may terminate my status as a foster parent at anytime for any reason.

Printed Name: _____

Signature: _____ Date: _____