

FOSTER HOME APPLICATION

Thank you for your interest in becoming a foster home for the Minnesota Humane Society. **The Minnesota Humane Society will pay all expenses related to the care of the foster animal.** The foster application may be filled out and mailed to the Minnesota Humane Society at 542 South Snelling Avenue, #103, St. Paul, MN 55116.

FOSTER HOME APPLICATION

(please print)

PERSONAL INFORMATION:

Name _____

Address _____
(street number) (city) (state) (zip)

Phone (____) _____ / (____) _____ / (____) _____
(home) (cell) (work)

E-mail Address _____

When is the best time to reach you? _____

Are you able to receive calls at work? _____

MHS requires all foster volunteers to have an up-to-date tetanus shot.

HOUSEHOLD INFORMATION/ OTHER PEOPLE IN HOUSEHOLD:

NAME	RELATIONSHIP	AGE

Is anyone allergic to cats? _____ dogs? _____ other? _____

OTHER ANIMALS IN HOUSEHOLD:

NAME	SPECIES	BREED	AGE & HEALTH	INDOOR / OUTDOOR?	SPAY/ NEUTERED?

If you have cats, have they been FeLV/FIV tested? Yes _____ No _____

Were the results of these tests negative? Yes _____ No _____

Are your animals current on their vaccinations? Yes _____ No _____

Name/phone number of your current veterinarian _____

Do your own _____ rent _____ live in a house _____ apt. _____ condo/townhouse _____

mobile home_____

If you rent: Landlord's name: _____

Phone: (____)_____

Do you have a room in which your foster(s) can be separated from your other pets? Yes____ No____

Have you been or are you currently involved with another rescue group or humane organization?

Yes____ No____ If yes, which one(s) _____

Would you allow potential adopters to come to your home to see the animal?

Yes____ No____

If no, would you be willing to bring the animal to another location for the potential adopter to see animal?

Yes____ No____

FOSTER INFORMATION:

SPECIES OF ANIMAL(S) WILLING TO FOSTER AND NUMBER

CAT #____ DOG #____ (SIZE AND TYPE OF DOG _____)

BIRD #____ RABBIT #____ OTHER #_____

LENGTH OF TIME ABLE TO FOSTER? _____

ANY TIME DURING YEAR UNABLE TO FOSTER? _____

PRIVATE AREA IN HOME FOR ANIMAL? _____

IF DOG – DO YOU HAVE A FENCED YARD AREA? _____

TYPE OF FENCE? _____

HOURS PER DAY ANIMAL WILL BE LEFT ALONE? _____

ABLE TO FOSTER SICK OR INJURED ANIMAL? _____

IF SO: WILLING TO BRING TO VET? _____

COMFORTABLE GIVING MEDS?_____ PILLS____ SHOTS____

SUPPLIES/ASSISTANCE NEEDED:

	WILL PROVIDE	NEED PROVIDED
FOOD	_____	_____
LITTER	_____	_____
MEDICAL CARE	_____	_____
BOWLS	_____	_____
LEASHES/COLLARS	_____	_____

CARRIERS _____

COMMENTS _____

References: Please list the name, address, and phone number of three individuals as references. The Minnesota Humane Society will contact these references.

1)

2)

3)

I understand that I shall be legally responsible for any animal(s) that I foster for the Minnesota Humane Society.

Signature

Date

Signature

Date