

HUMANE SOCIETY OF WAYNE COUNTY FOSTER CARE APPLICATION

First Name _____ M.I. _____ Last Name _____
 Street Address _____ City _____ State _____
 Mailing Address (if different than above) _____
 Home Phone _____ Work Phone _____ e-mail _____
 Place of Employment _____ Work Phone _____
 Spouse's Place of Employment _____ Work Phone _____
 If unemployed please provide a verifiable source of income to support pet expenses:

About You

Are you 18 or older? Yes _____ No _____ If no, Parent's signature is required
 Do you live in a House _____ Apt _____ Dorm _____ Mobile Home _____ (park name) _____
 If renting, Landlord's Name _____ Phone _____
 How long have you lived at your current address _____
 Are you planning on moving in the next 6 months _____
 How many people live in your household Adults _____ Children _____ Ages _____
 Do all members in your household know that you are planning on fostering _____
 Does anyone in your house have allergies _____ If yes, to what _____

About your Pets

Please list the pets you currently own or have owned in the past 5 years.

Pet Name	Dog/cat/other	Age	Sex	Spayed/Neutered Yes/No	If you no longer own—what happened to the pet

Are your pets vaccinations up to date _____ What vet do you use _____
 If you have a dog, is it licensed _____ Would you allow a home visit _____

Foster Care

Type of animal you want to provide foster care for:

- Dog with nursing puppies Yes ____ No ____
- Cat with nursing kittens Yes ____ No ____
- Kittens weaned under 8 weeks Yes ____ No ____
- Puppies weaned under 8 weeks Yes ____ No ____
- Kittens needing bottle-feeding Yes ____ No ____
- Puppies needing bottle-feeding Yes ____ No ____
- Injured cat/kitten needing recovery Yes ____ No ____
- Injured dog/puppy needing recovery Yes ____ No ____
- Geriatric dog/cat needing home environment Yes ____ No ____

Describe the type of setting and space provisions you have for the care of the foster animal:

I understand that the animals that I want to foster remain the ownership of the Humane Society of Wayne County and can be removed from my home at the discretion of the Management of the Humane Society of Wayne County

Signature _____ Date _____

The Humane Society reserves the right to approve or deny this Application.

I understand that falsification or omission of any of the above information will result in automatic refusal or confiscation of the animal.

Signature _____ Date _____

HSWC Use Only

Approved _____ Denied _____ Pending _____

HSWC Management _____

Comments:
