



# CLINTON HUMANE SOCIETY FOSTERING PROGRAM



Name (First,Last) : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (Street, City,Zip): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

How did you hear about our foster program? \_\_\_\_\_

Do you own your home? \_\_\_\_\_ If "no", we need landlord permission, please provide landlord name and phone number: \_\_\_\_\_

Are children living in the home? \_\_\_\_\_ How old are the children? \_\_\_\_\_

What kind of pets are currently in your home? \_\_\_\_\_

Ages of pets? \_\_\_\_\_ Are your pets up to date on vaccines? \_\_\_\_\_

What is the name of your primary veterinarian and/or practice? \_\_\_\_\_

Are your pets spayed or neutered? \_\_\_\_\_

Do any of your pets have medical and/or behavioral issues? \_\_\_\_\_

Please explain: \_\_\_\_\_

Why are you interested in fostering for the Clinton Humane Society?

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What type of foster situations are you interested in? (Please circle all that apply)

## **Dogs**

**Weaned Puppies**

**Unweaned Puppies**

**Mother Dog & Puppies**

## **Cats**

**Weaned Kittens**

**Unweaned Kittens**

**Mother Cat & Kittens**

**Dog Waiting for Rescue**

**Cat Waiting for Rescue**

**Crisis Foster for Dog**

**Crisis Foster for Cat**

**For Fostering Dogs:**

Do you have a fenced in yard? \_\_\_\_\_ How high is your fence? \_\_\_\_\_

If no, please explain how you will keep the dog on your property: \_\_\_\_\_

\_\_\_\_\_

Where will the dog stay? \_\_\_\_\_

For What period of time will the dog be alone? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

***\*The Clinton Humane Society requires that all persons fostering one of our shelter animals comply with the leash laws of the city in which they reside. All dogs/puppies must be in a fenced yard or on a leash at all times when outside. The Clinton Humane Society requires cats in foster care be kept indoors at all times.***

**References**

***\*Please list three (3) references. If you own or have pets, one must be your most recent veterinarian.***

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|----------------------|---------------------|
| 1. First Name: _____ | Last Name: _____    |
| Phone Number: _____  | Relationship: _____ |
| 2. First Name: _____ | Last Name: _____    |
| Phone Number: _____  | Relationship: _____ |
| 3. First Name: _____ | Last Name: _____    |
| Phone Number: _____  | Relationship: _____ |

***\*By signing, I agree that all information that I have provided in this application is true and complete. My signature below authorizes the persons named above to discuss my general qualifications as a foster care provider with representatives of the Clinton Humane Society.***

***Applicant Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



*Thank You!*