



RETURN TO MHS VIA EMAIL:

**CONTACT@MICHIANAHUMANESOCIETY.ORG!**

## FOSTER CARE APPLICATION

Thank you for completing this application. The information you provide will help us to determine the best match for you and your family. In order to be considered for a Foster, you must: 1) be 21 years or older, 2) have a valid ID with current address and 3) you must be approved through the foster counseling process.

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of other people sharing residence: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number/Ages of children \_\_\_\_\_

Does anyone in the home have allergies to animals? \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#/Lot# \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hrs/worked(day) \_\_\_\_\_

Companion's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hrs/worked(day) \_\_\_\_\_

DO YOU: Own Rent Live with Parents Other \_\_\_\_\_

Is there a Homeowners Association? \_\_\_ Yes/No \_\_\_ Contact Person: \_\_\_\_\_

TYPE: House Apt. Condo Mobile Dorm Other \_\_\_\_\_

Apartment Community Name: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Do you have a yard? Yes/No Is the yard completely fenced? Yes/No If no? containment? \_\_\_\_\_

Indicate the number of pets currently living with you: \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Other \_\_\_\_\_

Are your pets: Indoor only \_\_\_\_\_ Outdoor only \_\_\_\_\_ Both \_\_\_\_\_

Circle option that describes your normal day: Home all day    Out part-time    gone 7-10 hrs daily

Who is/was your Veterinarian/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What name is on the account at the vet? \_\_\_\_\_

List pets currently living in the home or that you have owned in the last 5 years:

Name	Breed	Kept	Age	Sex	Spay/Neuter	Still Own	Last vet visit	Verify
		In / Out			Yes / No	Yes / No		
		In / Out			Yes / No	Yes / No		
		In / Out			Yes / No	Yes / No		
		In / Out			Yes / No	Yes / No		
		In / Out			Yes / No	Yes / No		

What type of animal(s) would you like to foster:

Young unweaned kittens without a mom

Young unweaned kittens with mom

Weaned kittens

Adult cats

Young unweaned puppies without a mom

Weaned puppies

Sick or injured pets

Hospice Pets

How long are you willing to foster at one time: \_\_\_\_\_

Are you willing to foster more than one animal at a time? Yes/No

How will the foster pet receive exercise: \_\_\_\_\_

Where will the foster pet be kept?

\_\_\_ Loose Indoors

\_\_\_ Basement

\_\_\_ Garage

\_\_\_ Closed in a room

\_\_\_ Fenced yard

\_\_\_ Pen ( \_\_\_ x \_\_\_ )

\_\_\_ Loose outdoors

\_\_\_ Tied outside

\_\_\_ Crate or Carrier

Other: \_\_\_\_\_

