



FOSTER CARE APPLICATION

Return via email to: Pets@MichianaPets.org

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: _____

Address: _____ Apt.#/Lot# _____

City _____ State/Zip _____

Home Phone (____) _____ Cell (____) _____

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? _____

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

Indicate the type and number of pets currently living with you: _____

Your Employer _____ Phone _____

Companion's Employer _____ Phone _____

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: _____

What name is on the account at the vet? _____

List pets that you have **owned in the last 5 years:**

Name	Species	Sleeps	Age	Sex	Spay/Neut	Currently Own?	Date of last vet visit	
		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:

- | | |
|---|--|
| <input type="checkbox"/> Young unweaned kittens <u>without</u> a mom | <input type="checkbox"/> Young unweaned kittens <u>with</u> a mom |
| <input type="checkbox"/> Weaned kittens | <input type="checkbox"/> Adult cats |
| <input type="checkbox"/> Young, unweaned puppies <u>without</u> a mom (bottle babies) | <input type="checkbox"/> Young, unweaned puppies <u>with</u> a mom |
| <input type="checkbox"/> Weaned puppies | <input type="checkbox"/> Adult dogs |
| <input type="checkbox"/> Sick or injured pets | <input type="checkbox"/> Hospice pets |

How long can you foster a pet: _____ Can you foster more than one at a time? Yes No

How will the foster pet(s) receive exercise: _____

Where will the foster pet be kept? _____

By signing this, I agree the information I have given in this application for a Foster animal is true and correct to the best of my knowledge, and that any misrepresentation of the facts may result in my being denied the privilege of fostering a pet. I give the Michiana Humane Society permission to contact the veterinarian and landlord I have listed for the purpose of verifying information. I understand that the Michiana Humane Society had the right to approve or deny this application, in accordance with its policies established by the Board of Directors. Our goal is to assist in selecting a pet appropriate for your family and lifestyle and to ensure quality of life for each pet fostered.

Applicant's Signature _____ Date _____