

Adams County Humane Society Foster Application

1982 11th Ave Friendship WI 53934
608-339-6700

www.adamscountyhumanesociety.org

Congratulations on your decision to foster an animal residing at our shelter. Our goal at Adams County Humane Society is to find permanent, safe, loving, and responsible homes for the animals in our facility. We will work with you to help you find the best animal for your lifestyle and family.

Requirements to Foster From ACHS

- * Fill out this adoption application completely.
- * Must be a Wisconsin resident.
- * Must be 21 years of age or older.
- * Have proper identification (driver's license, etc.)
- * Current pets must be up to date on rabies and distemper vaccinations.
- * ACHS will check with landlords or parents for approval if either of these applies to you.

Please check any of the following you are interested in fostering. *

- Cat - Mom & Nursing Kittens
- Cat - Senior
- Cat - Special Needs
- Cat - Overpopulation
- Dog - Mom & Nursing Puppies
- Dog - Senior
- Dog - Special Needs
- Dog - Overpopulation

Please Print

Date of Application: _____ **Dog/name:** _____ **Cat/name:** _____

Please include the Middle Initial:

Name: _____ **D.O.B:** _____

Significant Other Name: _____ **D.O.B:** _____

Address: _____

City/State _____ Zip: _____

Township: _____

Cell Phone: _____ Home: _____

Email: _____

Veterinarian Name and Clinic You Use: _____

Phone: _____

Name of Personal Reference: _____

Phone: _____ Personal Reference cannot be related to you by birth or marriage.

I give ACHS permission to check my references:

Sign: _____ Date: _____

HOUSEHOLD INFORMATION

Do you live in a (circle one): House Apartment Condo Mobile Home Live With Parents

Do you (circle one): Own Your Home Rent Your Home

Landlord/Parents Name and Phone #: _____

List every person living in your household. Also include anyone who visits on a regular basis, i.e. children who you have shared custody, relatives, friends, etc.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

All children in the household must understand the importance of being kind and respectful to animals.

Does anyone in the household have any allergies to animals? Yes No Unsure

FINANCIAL/EMPLOYMENT

List all sources of income for your household:

PET DETAILS

Have you ever adopted from ACHS before? Yes No

I have owned a dog/cat before: Yes No

All foster dogs and cats will be kept in your home unless you are taking a dog for a walk, visiting or the dog is in a secure fenced in yard.

If you circled inside/outside or outside only please explain:

How will you take your dog out to go potty? Fenced-in yard On a leash Kennel Dog Run

My foster dog/cat needs to be good with: Kids All Ages Kids Under 7 Kids Over 7

When I am gone, my foster dog/cat will be: In a Crate Loose in the Home Confined to a Room
Outside in a Kennel Outside Tied Up

My foster dog/cat would be alone: 4 Hours or less 4-8 Hours 8 Hours or more

My home is best described as: Quiet Moderately active Chaotic

My foster dog/cat needs to get along with dogs: Yes No Not important

My foster dog/cat needs to get along with cats: Yes No Not important

I have livestock at home: Yes No Poultry: Yes No

I am comfortable training a foster dog: A Great Deal Some Not at All

How will you make sure this dog gets enough exercise?

What is your definition of disciplining a dog?

The most important trait in my new dog would be: _____

Please provide the following information for each of your pets: recent, past, and present:

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Male/Female</u>	<u>Spayed/Neutered</u>	<u>Still Own?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If your current pets are not spayed or neutered, please list the reason why:

By signing this application:

- > I certify that I am 21 years of age or older and will provide proper identification to be photocopied for my file at ACHS.
- > I certify the information I provided is true and accurate.
- > I authorize all verifications of statements I have made.
- > I recognize that any misrepresentation of facts may result in losing the privilege of fostering an animal.
- > I understand that ACHS will make all medical decisions necessary for all fosters, will schedule any veterinarian appointments necessary, and will provide any medication prescribed.
- > I understand I am responsible for the daily safety and care of the ACHS foster animal.
- > I understand that foster cats and dogs must live inside my home, and I will not place the animal with anyone else.
- > I will notify ACHS if the animal I am fostering becomes ill, is injured, or becomes lost.
- > I understand how the ACHS Foster Program works and agree to comply with all requirements.
- > I will contact the ACHS Foster Coordinator immediately if I have any questions or concerns.

> I have thoroughly read and understand the Cat Foster Agreement or Dog Foster Agreement, depending on the animal I will foster.

> I understand ACHS will call me to schedule an appointment at the shelter to go over this Foster Application and the Cat/Dog Agreement. I will sign and initial both forms at the scheduled appointment and provide my driver's license or photo ID with birthdate to be copied and attached to this application.

> I agree that the Adams County Humane Society may photograph my participation in the program and I hereby release any such photographs to the Adams County Humane Society for use in its programs, publications, and purposes.

> I understand that I am fully approved to foster for the Adams County Humane Society once a background check has been approved and the required orientation has been completed.

> I understand there are certain risks of personal injury, death, disease and property damage in fostering animals for Adams County Humane Society, and by signing below I accept those risks. In consideration of the Adams County Humane Society accepting my application for participation in the Volunteer Foster Care Program, I agree to release and hold harmless the Adams County Humane Society, its Directors, Officers, Agents, and Employees from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitations, attorney's fees and disbursements, arising from or occasioned by my participation in the Adams County Humane Society Volunteer Foster Care Program.

Fostering Is by Appointment Only for Approved Applicants

+ You will receive a call from ACHS to schedule an appointment ONLY IF YOUR FOSTER APPLICATION IS APPROVED.

+ We have a right to deny any foster application received.

You will not be given an explanation of why you were denied.

+ This is the policy of ACHS and is enforced with every foster application.

I have read and fully understand the terms and conditions of the Volunteer Foster Care Program Agreement and Waiver of Liability and I willingly comply with all its conditions.

Signature of Applicant: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____