

# Adams County Humane Society

Application to be a foster home with ACHS  
PO Box 375 1982 11<sup>th</sup> Ave. Friendship WI 53934 608-339-6700  
www.adamscountyhmane.org

NAME: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of communication (please circle) Email Home Phone Work phone Other

Do you currently rent or own? Rent Own If renting landlord's name and #: \_\_\_\_\_

How many people live in the house? \_\_\_\_\_ Are there children I the household? YES NO

If yes how many? \_\_\_\_\_ How old? \_\_\_\_\_ Have they lived with animals before? YES NO

Is everyone in your household aware that you are interested I fostering animals? YES NO

Does anyone in the household have allergies? YES NO If yes, how do they intend to cope with their symptoms? \_\_\_\_\_

Do you have a fenced I yard? \_\_\_\_\_ Do you have secure screens on your windows? \_\_\_\_\_

## Current Pet Information

Animal's	Name	Species	Age	Sex(spayed or neutered)	Health Temperment

Please explain what type of pets you have owned in the past and what happened to them:

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Name your Veterinarian/ Clinic and # : \_\_\_\_\_

Are your pets current on their rabies and distemper vaccinations? YES NO Unsure

How do your pets react towards new animals? \_\_\_\_\_

\_\_\_\_\_

How do your pets react in stressful situations, such as a change in their daily routine? \_\_\_\_\_

\_\_\_\_\_

Do you have the ability to isolate the foster animal in a separate room if needed? YES NO UNSURE If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How many hours can you devote to foster care? \_\_\_\_\_ During the day? \_\_\_\_\_  
Evenings? \_\_\_\_\_ Weekends? \_\_\_\_\_

Do you travel? YES NO If yes, how often? \_\_\_\_\_

What pet supplies do you have available? LITTER TOYS FOOD DISHES BEDDING

LETTER BOXES OTHER

Please list any animal handling you have that specifically involves medical care, socialization, training, and weaning. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your feelings about euthanasia of homeless animals for health or temperament problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fostering interests** (please mark those of interest)

**CATS**

- \_\_\_\_\_ Upper Respiratory Infection cats or kittens
- \_\_\_\_\_ Kittens too young to fit adoption criteria
- \_\_\_\_\_ Mom and kittens
- \_\_\_\_\_ Injured and recovering cats
- \_\_\_\_\_ Under socialized kittens
- \_\_\_\_\_ Cats
- \_\_\_\_\_ Kittens

**Dogs**

- \_\_\_\_\_ Puppies too young to fit adoption criteria
- \_\_\_\_\_ Under socialized puppies
- \_\_\_\_\_ Mom and puppies
- \_\_\_\_\_ Injured and recovering dogs
- \_\_\_\_\_ Under socialized adult dogs
- \_\_\_\_\_ Dogs
- \_\_\_\_\_ Puppies

**Other(circle):** Hamsters Rabbits Ferrets Iguanas/ Reptiles Fish Livestock (horses, etc.)

What animals or situations are you most interested in fostering? \_\_\_\_\_

Are you comfortable giving an animal medication if needed? YES NO

Please list day of week and times that would work best for you to have a trained volunteer come to your home for the required home visit to being approved as a foster home. \_\_\_\_\_

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**By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering pets. I understand that ACHS has the right to deny my request to foster animals for any situation that would be contrary to the society's policies, in violation of state or local ordinance, or not in the best interest of the animal. I authorized investigation of all statements in this application. I also authorize my veterinarian to release any information requested by your agency.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drivers license or other formal ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All information contained in this application will remain confidential and property of the Adams County Humane Society.

After your house and veterinary references have been checked the coordinator will get in touch with you by the preferred method of communication you listed. Please be patient.

\*\*\*\*\***For Office Use Only**\*\*\*\*\*

House verified? YES NO Comments: \_\_\_\_\_

Landlord Approval? YES NO Comments: \_\_\_\_\_

CCAP Records Checked? YES NO Comments: \_\_\_\_\_

Veterinary Reference Checked? YES NO Comments: \_\_\_\_\_

Interview Comments: \_\_\_\_\_

Approval: YES NO Comments: \_\_\_\_\_