

Northwoods Humane Society
P.O. Box 82 Hayward, WI 54843
715/634-5394

FOSTER HOME CARE VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____ May we contact you at this number? _____

EMAIL ADDRESS _____

**Please note: For the benefit of the animals, we'll continue to call other volunteers if we are not able to contact you right away.

Please identify all dogs/cats/other pets currently living in your home. Spayed/Neutered

Breed _____ Name _____ Age ___ Sex ___ YES/NO

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Breed _____ Name _____ Age ___ Sex ___ YES/NO

Name of Veterinarian _____ Phone Number: _____

Does your veterinarian know you plan to become a foster parent? _____

**If no, we suggest that you inform your veterinarian.

Required Vaccinations: **ALL animals** in the home must be vaccinated for Rabies and Distemper.

Recommended vaccinations:

- Bordatella vaccinations are highly recommended for all dogs in the home.
- Feline Leukemia vaccinations are highly recommended for all cats in the home.

Are all of your animals current on their vaccinations? YES / NO

If yes, please attach copies of current vaccination records or have your veterinarian fax them to us at 715/634-5394 to the attention of the foster home coordinator.

If no, please provide estimated date of when vaccinations will be current and forward record at that time. _____

Household Information

___ Own Home ___ Apartment ___ Condo ___ Farm ___ Other _____

Landlord's Name: _____ Phone: _____

Email address: _____

How many children live in or visit your home? _____ Ages: _____

Is anyone in the household allergic to pets? _____ If yes, are allergies controlled? _____

List any members of the family that may assist in caring for the animals _____

Do you have a room to isolate foster animals from other pets? _____ If yes, please describe the area and how you would isolate them. _____

How many hours per day would animals be alone? _____ Do you travel frequently? _____

Describe your experience in caring for sick or injured animals. Please note any experience you have in dog obedience training or behavior medication. _____

What motivation do you have in wanting to foster animals? _____

I would be willing to offer a foster home for the following placements:

Canine Placements:

- | | | |
|--|---|--|
| <input type="checkbox"/> Single Puppy | <input type="checkbox"/> Litter of Puppies | <input type="checkbox"/> Mom with Puppies |
| <input type="checkbox"/> Adult Dog | <input type="checkbox"/> Large Breeds | <input type="checkbox"/> Small Breeds |
| <input type="checkbox"/> Minor Illness | <input type="checkbox"/> Active, in need of manners | <input type="checkbox"/> Injured/Recovering from Surgery |
| <input type="checkbox"/> Not House-Trained | <input type="checkbox"/> Need Socialization | <input type="checkbox"/> May Exhibit Separation Anxiety |
| <input type="checkbox"/> Food Possessiveness | | |

Feline Placements:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Single Kitten | <input type="checkbox"/> Small Litter | <input type="checkbox"/> Litter Any Size | <input type="checkbox"/> Injured & Recovering from Surgery |
| <input type="checkbox"/> Mom with Kittens | <input type="checkbox"/> Adult Cat | <input type="checkbox"/> Not Litter-Trained | <input type="checkbox"/> Upper Respiratory Infections |
| <input type="checkbox"/> Needs Socialization | | | |

The best time for our family to schedule a NHS Foster Home Visit would be: _____

NORTHWOODS HUMANE SOCIETY FOSTER HOME CARE WAIVER OF LIABILITY

In consideration of NHS accepting or denying my application for participation in the foster home program, I agree to release and hold NHS harmless from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements. I further agree to indemnify NHS for any of the foregoing asserted by third party, including but not limited to, other individuals residing at my home, to the extent that any of the foregoing arise from or are occasioned by my participation in the foster home program. I understand that when I care for NHS animals in my home, I am doing so strictly as a volunteer and in the spirit of volunteerism. Thus, I will not expect to make claim for wages in return for my services. I agree that NHS may photograph my participation in this program, and I hereby release any such photographs to NHS for use in its programs, publications, and purposes.

Parent/Guardian Signature

Date