

Charlevoix Area Humane Society Foster Application

Name(s) _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Drivers License or Identification Card copy to be attached.

Please check one box for each of the following questions:	YES	NO
Are you or your spouse presently employed?		
Are all members aware that you're planning on fostering a pet?		
Will anyone be home during the day?		
Will your foster pet be indoors at all? Where will they sleep? _____		
Are there any elderly or disabled persons who live in your household?		
Does anyone in the household have allergies?		
Will there be any major changes occurring in the near future ex. vacation, new baby?		
Have you had a dog or cat die on your premises of parvo, distemper (panluekopenia), Leukemia or other unknown causes within the last 3 months?		
Is there a yard available?		
If yes, is it completely fenced in?		
Do you rent (house, land)?		

1) What type of pet are you looking to foster: _____

2) How long have you lived at the above address? _____

3) Do you live in a house _____, condo _____, mobile home _____, or other _____

4) How many adults and children live in your household? Adults _____ Children _____

5) How do you plan to exercise your foster pet? _____

7) Do you own any pets at the present time that reside in the same household? _____

 If yes, please describe them: Breed _____ Age _____ Sex _____

 Are they indoor or outdoor pets? _____

8) Are their vaccinations up to date? _____ Are your current pets spayed or neutered? _____

 Who is their veterinarian? _____ Phone # _____

Please sign here to authorize us to speak with your veterinarian regarding your current animals' vaccination and medical records. _____

OFFICE USE ONLY

Information checked/ Interviewed by _____ Date _____

Home Visit Date: _____ Time: _____ Completed By: _____