

WAHS
WESTERN ARIZONA HUMANE SOCIETY



FOSTER CARE APPLICATION

First Name _____ Last Name _____

Email Address _____ Phone _____

Street Address _____

Date of Birth _____

Housing: Own _____ Rent _____ Landlord's phone number _____

Does anyone in the house have allergies? Yes _____ No _____ If so describe _____

Do you have a fenced yard, if so, what type? _____

Number of adults in house ____ Number of children in house ____ Number of animals in house ____

What types of pets in your household? _____ Vaccinated? _____

Are they spayed /neutered? _____ Who is your Vet? _____

Have you been a Foster Provider before? _____ What Organization? _____

Can you medicate an animal if necessary? _____ yes _____ no

Have you cared for a sick animal? _____

How long are you willing to foster an animal? _____

I understand that if I am approved for fostering, I will also need to carefully read the "Foster Care Agreement", which is a separate document from this "Foster Care Application". The Foster Care Agreement represents the contract between a Foster Caregiver and The Western Arizona Humane Society. I understand that if I am approved to foster an animal, I must review the Foster Care Agreement before I can take my foster animal home. I further understand that I will be asked to agree to the terms of the Agreement and sign the Agreement before I can take my foster animal home.

I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful.

Signature

Date

Print Name _____