

Butte Humane Society Foster Volunteer Application

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____ Driver's License # _____

I can foster: *(please indicate all that apply)*

Overnight ____ Short term (less than one month) ____ Long term (over a month) ____

Minimum notice need for fostering (days/hours): _____

Amount of time you are away from home each day: _____

Type and number of animals I am able to foster:

Dogs ____ Puppies (eating on their own) ____ Bottle Feed Puppies ____

Cats ____ Kittens (eating on their own) ____ Bottle Feed Kittens ____

Puppies w/mother ____ Kittens w/mother ____ Rabbit/Guinea Pig ____

Reptiles ____ Caged Birds ____ Fowl ____

Horse/Burro ____ Large Livestock ____ Small Livestock ____

List pets you currently own (type of animal, number of each,) if they're spayed or neutered, and if they're up to date on vaccinations (where appropriate):

Name and phone number of veterinarian: _____

List any experience you have had with the type(s) of animals you would like to foster:

Name and phone number of a reference: _____

Do you live in a: house ____ apartment ____ condo ____ mobile home ____

Do you: own ____ rent ____ Landlord/phone number _____

Will you keep your own animals separate from the fostered animals? yes ____ no ____

List type of housing/fencing/caging/equipment you will be using for the type(s) of animals you would like to foster:

Can you provide any of the following for the type(s) of animals you want to foster:

food ____ feeding bowls/containers ____ caging/housing ____
formula (for bottle babies) ____ nursing bottles ____ veterinary care ____
other (describe) _____

The above information is correct and true to the best of my knowledge. I understand that submitting this application does not imply eligibility for fostering an animal. I understand that this application will be reviewed and kept on file by Butte Humane Society, and if qualified I will be contacted for fostering opportunities.

Signature: _____ Date: _____

BHS Witness: _____ Date: _____

Do Not Write Below This Line - For Staff Only

Landlord Approval: _____ Initials: _____

Veterinary Reference: _____ Initials: _____

____ APPROVED for the following:

Dogs _____ Puppies (eating on their own) _____ Bottle Feed Puppies _____
Cats _____ Kittens (eating on their own) _____ Bottle Feed Kittens _____
Puppies w/mother _____ Kittens w/mother _____ Rabbit/Guinea Pig _____
Reptiles _____ Caged Birds _____ Fowl _____
Horse/Burro _____ Large Livestock _____ Small Livestock _____

____ NOT APPROVED. Reason: _____

____ (Approved Only) Volunteer has received Foster Volunteer Information Packet and is aware of veterinary policies.

BHS Staff: _____ Date: _____