



BUTTE HUMANE SOCIETY

DOG FOSTER APPLICATION

2579 Fair Street
Chico CA 95928
(530) 343-7917 Fax
(530) 343-3734
www.buttehumane.org

PERSONAL INFORMATION

First Name _____ Last Name _____

Primary phone _____ Secondary phone _____

Street Address _____ City _____ Zip _____

Email _____

FOSTERING INTEREST AND AVAILABILITY

Bedtime (over night) Short Term (under a month) Long Term (over a month)

Nursing mothers with puppies Bottle fed puppies Puppies (eating on their own)

Adult dogs (healthy) Behavioral: observation Behavioral: training

Recovery: surgical, injury Medical: viral, bacterial Fospice: geriatric

Are there any size or breed limitations on what kinds of dogs you could foster? Yes No

If yes, please describe: _____

FOSTER ENVIRONMENT

Are there other dogs in your home? Yes No

If yes please list them:

Name	Age	Breed	Weight (aprox)	Spayed/Neutered?
1.				
2.				
3.				
4.				

Are all your resident dogs current on the following vaccinations:

Rabies Yes No Bordetella Yes No Parvo/Distemper Yes No

Are there cats in your home? Yes No

If yes, please list how many and their ages: _____

Are there any other resident animals? _____

Please list all humans who live in your home – if under 18 please list ages

Name	Relation to you (and age if under 18)
1.	
2.	
3.	
4.	
5.	

Please check the boxes that describe you residence

- House
 Apartment
 Acreage
 1-2 bedroom
 3+ bedroom
 Small fenced yard
 Large fenced yard
 Yard, no fence
 Quiet neighborhood
 Busy neighborhood

If you rent your property, please provide contact information for your landlord:

Name _____ Phone _____

What kind of housing would be available for your foster dog (check all that may apply)?

- Inside the house
 Outdoor kennel
 Heated garage
 Separate room

Which of the following items would you need Butte Humane Society to provide for you?

- Crate
 Dog food
 Food/water bowls
 Toys
 Bedding

How many hours would your foster dog be left alone (without humans) each day? _____

If necessary could you keep your foster dog separated from you resident animals? Yes No

OTHER INFORMATION

Please give us a brief description of your experience with dogs _____

AGREEMENT

I attest that 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 _____