



Volunteer Application: Foster

2579 Fair Street
Chico, California 95928
530.343.7917
Fax 530.343.3734
www.buttehumane.org

Personal Information

First Name: _____ Last Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Work Phone: _____
Driver's License: _____ Email: _____

Fostering (Please fill out completely check all that apply):

I can foster:

Overnight Short Term (Less than a month) Long Term (Over a month)

Minimum notice needed to foster:

1-6 Hours 6-12 Hours One Day More than a day

Type of animals I am able to foster:

Puppies: Puppies (Bottle Feeding) Puppies (Eating on their own) Puppies w/mother
Dogs: Healthy Medical Recovery

Do you have any size/breed specific requests or problems? _____

Size: Small Medium Large X-Large

Kittens: Kittens (Bottle Feeding) Kittens (Eating on their own) Kittens w/mother

Cats: Healthy Medical Recovery

Other: Reptiles Caged Birds Large Livestock
 Horse/Burro Rabbits Small Livestock/Fowl

Living Conditions:

List the pets your currently own (type of animal, number of each)

Dogs How many? _____ Spayed/ Neutered Yes No Current on vaccinations? Yes No

Cats How many? _____ Spayed/Neutered Yes No Current on vaccinations? Yes No

Other Type: _____ How many: _____

Will you be able to keep your animals separate from the fostered animals? Yes No

Name of Vet Used (If any): _____ Phone Number: _____

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

I live in a: House Apartment Condo Mobile Home

Do you: Own Rent Live with parents

If you rent, please provide the following (Landlord Approval is required):

Landlord Name: _____ Phone Number: _____

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-feeding) Nursing bottles Veterinary Care
 Other _____

Reference:

Name: _____ Phone Number: _____ Relation: _____

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: _____

Staff Only:

- Landlord Approved Initial: _____
 Veterinary Approved Initial: _____
 Application Approved

Approved for:

Type of animals I am able to foster:

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Dogs: Healthy Medical Recovery
Kittens: Kittens (Bottle Feeding) Kittens (Eating on their own) Puppies w/mother
Cats: Healthy Medical Recovery
Other: Reptiles Caged Birds Large Livestock
 Horse/Burro Fowl Small Livestock

Not Approved Reason: _____

BHS Staff: _____ Date: _____

Put into Pet Point