



# Foster Application

2580 Fair Street  
Chico, California 95928  
Phone 530.343.7917 ext 139  
Fax 530.895.0726  
www.buttehumane.org

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Who will be responsible for the animal's care: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ Email: \_\_\_\_\_

## Foster Interest and Availability (Please fill out completely check all that apply):

I am interested in fostering:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dogs                                | <input type="checkbox"/> Cats                           | <input type="checkbox"/> Small Animals            |
| <input type="checkbox"/> Adults                              | <input type="checkbox"/> Short term (one month or less) | <input type="checkbox"/> Long term (over a month) |
| <input type="checkbox"/> Bottle Babies                       | <input type="checkbox"/> Bedtime (overnight)            | <input type="checkbox"/> Behavioral               |
| <input type="checkbox"/> Nursing Mothers with young          | <input type="checkbox"/> Fospice: geriatric             | <input type="checkbox"/> Medical: viral/bacterial |
| <input type="checkbox"/> Young Animals (eating on their own) | <input type="checkbox"/> Recovery: Surgical/Injury      | <input type="checkbox"/> Space                    |

## Foster Environment

Are there other animals in your home? [ ] Yes [ ] No

If yes please list them:

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

Are all your resident animals current on their vaccination: [ ] yes [ ] No

Please list all the humans who live in your home (if under the age of 18 please list their ages)

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

Foster Application Continued:

- Will you be able to keep foster animals separate from your animals? [ ] Yes [ ] No
- Would you agree to a home inspection prior to taking foster animals home? [ ] Yes [ ] No
- Are you willing to administer medications if needed? [ ] Yes [ ] No
- Are all members of your household agreeable to fostering? [ ] Yes [ ] No
- Are you comfortable with early altering? [ ] Yes [ ] No
- When could you begin fostering: \_\_\_\_\_ Date: \_\_\_\_\_

Name of your Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Can we call for a reference? [ ] yes [ ] no

Please describe your residence (check all that apply):

- House  Apartment  Acreage
- 1-2 bedroom  3+ bedroom  Moderate noise
- Calm and quiet  Busy family  Quiet neighborhood
- Busy neighborhood  Fenced yard

What type of housing would be available for your foster? [ ] Inside the house [ ] Extra bedroom [ ] Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents  Live with roommates

If you rent, please provide the following (landlord approval is required):

Landlord Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

- Crate  Food  Litter  Food/water bowls  Toys  Bedding

### Other Information

Please provide us with a brief description of your experience with the types of animals you would like to foster:

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### Agreement

I attest that the above information is true and correct 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 by Butte Humane Society and if qualified I will be contacted for fostering opportunities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Staff use only:

- Landlord approval: [ ] n/a  Completed Orientation  Copy of Identification  Foster agreements executed