



Foster Family Application

Thank you for your interest in the Bay Area Humane Society's Foster Care Program. Fostering is a wonderful way to contribute to the shelter and its mission by providing love and care to shelter pets in need. Once approved, you will be contacted to schedule an orientation. BAHS staff determines which shelter pets require foster care and matches them to available foster families.

Personal Information:			
Last Name	MI	First Name	Birth Date
Address			
City		State	Zip Code
Primary Phone		Secondary Phone	
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Email Address (required)			
Home Information:			
<input type="checkbox"/> Own? <input type="checkbox"/> Rent?		Other? Please describe:	
<input type="checkbox"/> Apartment? <input type="checkbox"/> House?			
If you rent, do you have the landlord's permission to foster? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landlord's Name		Phone Number	
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Family Information: <i>This information helps match foster pet suitable your family.</i>			
# Adults:		# Children:	
Children's Ages:			
Full names of other adults in household			Birth Dates
# Dogs:		# Cats:	
Other Pets:			
Are the dogs and/or cats spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No-Why? _____			
Veterinarian Information: <i>Keeping your pets' vaccinations current protects your pets and the foster pets.</i>			
Veterinarian/Clinic's Name		Phone Number	
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Name Pets' Files are Under:			
Animal Experience:			
Briefly describe any relevant experience you have. Any previous experience with general animal care, work experience, and even (human) nursing. This helps us determine your training level.			

Have you ever fostered animals for another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently foster animals for another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'Yes' to either question, please describe your fostering experience:	

Fostering Information:		
Please describe any limitations that could affect fostering: <i>Health issues, work schedules, allergies, etc.</i>		
Please describe where your foster pet will be kept: <i>Most TLC foster pets should be separate from your pets.</i>		
There are a variety of foster opportunities available under each of the three foster programs. What types of foster pets are you interested in? You are not limited to the selections you make, and you may change/expand your preferences accordingly as you are affected by life events and/or gain additional training. <i>Please be aware that some opportunities may be seasonal, or require additional training.</i>		
TLC Program – pets that need help to become ready for adoption		
<input type="checkbox"/> Mom Cat with Kittens	<input type="checkbox"/> Mom Dog with Puppies	
<input type="checkbox"/> Weaned Kittens	<input type="checkbox"/> Weaned Puppies	
<input type="checkbox"/> Bottle Fed Kittens (every 2-4 hours)	<input type="checkbox"/> Bottle Fed Puppies (every 2-4 hours)	
<input type="checkbox"/> Pregnant Cat	<input type="checkbox"/> Pregnant Dog	
<input type="checkbox"/> Adult Cat Needing Medical Treatment	<input type="checkbox"/> Adult Dog Needing Medical Treatment	
<input type="checkbox"/> Kittens Needing Medical Treatment	<input type="checkbox"/> Puppy Needing Medical Treatment	
<input type="checkbox"/> Kittens Requiring Socialization	<input type="checkbox"/> Adult Dogs Requiring Socialization	
<input type="checkbox"/> Adult Cats Requiring Socialization	<input type="checkbox"/> Puppies Requiring Socialization	
<input type="checkbox"/> Mom Small Animal with Infants	<input type="checkbox"/> Small Animal Needing Medical Treatment	
Almost Home! Program – adoptable dogs that have a hard time in a shelter setting		
<input type="checkbox"/> Small Dogs	<input type="checkbox"/> Medium Dogs	<input type="checkbox"/> Large Dogs
Rainbow Path Hospice Program – pets with terminal illness or advanced age, but good quality of life		
<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Small Animals

I agree to abide by the rules and procedures of the Bay Area Humane Society’s Foster Care Program. I agree to all stipulations listed in the Foster Care Program Overview, Guides, and Policies. I understand that foster pets could be adopted out, transferred, or euthanized at the discretion of the Bay Area Humane Society. I also understand there could be health risks to myself, my family, and my own animals and I accept these risks. I hereby release BAHS and its employees, staff, agents and/or representatives from any claims or demands that I have, or may have, that: (a) may be connected with the foster pet, (b) may arise out of BAHS' care of this foster pet, and/or (c) may arise out of my care of the foster pet.

Print Name

Date

Signature