



POPE COUNTY HUMANE SOCIETY
17584 195TH AVE, GLENWOOD, MN 56334
(320) 634-4761

Foster Application

First Name: _____ Last Name: _____

Mailing address: _____

Street City State Zip

Street Address (If different from mailing address): _____

Street City State Zip

Phone Number (Home / Cell): _____ Work: _____

Email Address: _____

Are you 18 or older? Yes: ___ No: ___ I have a current & valid driver's license from (state): _____

Number of adults in your household: _____ Ages: _____

Number of children in your household (if any): _____ Ages: _____

Do you own or rent the home in which you live? Own: ___ Rent: ___

If renting, are you allowed pets? Yes: ___ No: ___

Are there restrictions on the number/breed/size of animals? Yes: ___ No: ___ If yes, please explain: _____

Landlord's name: _____ & Phone number: _____

Describe your yard: No yard: ___ Unfenced: ___ Partly fenced: ___ Completely fenced: ___

Fence height at its lowest point: _____ feet Made of: Chain link: ___ Wood: ___ Block: ___ Other: _____

How big is the fenced area?: _____

Not having a fenced yard does not disqualify you from becoming a PCHS foster parent.

Does anyone in your household have allergies that could affect fostering of pets? Yes: ___ No: ___

Do you presently own pets? Yes: ___ No: ___

If yes, please list breeds & ages:

Dogs: _____

Cats: _____

Other pets (birds, rodents, etc): _____ How many other pets? _____

Are your pets spayed or neutered? Yes: ___ No: ___ If no, why not?: _____

Are your pets up to date on vaccinations? Yes: ___ No: ___ If no, why not?: _____

PCHS requires all animals currently residing in your household to be up to date on vaccinations. You will be asked to provide vaccination records.

List any medical issues of your current pets: _____

Your veterinarian's name: _____ & Location: _____

Your veterinarian's phone number: _____

Please describe briefly why you would like to be a foster parent: _____

My household is able to foster (check all that apply):

Nursing mother cat and babies: _____

Kitten bottle babies: _____

Kittens: _____

Adult cats: _____

Cat - Recovering from injury or surgery: _____

Cat - Special medical needs: _____

Cat - Special behavioral needs: _____

Cat - Hospice: _____

Nursing mother dog and litter: _____

Puppy bottle babies: _____

Puppies: _____

Adult dog: _____

Dog - Recovering from injury or surgery: _____

Dog - Special medical needs: _____

Dog - Special behavioral needs: _____

Dog - Hospice: _____

Birds: _____

Reptiles: _____

Rodents (Rats, guinea pigs, rabbits, hamsters, etc): _____

Holiday foster: _____

Have you fostered animals before? Yes: _____ No: _____

If yes, for what organization: _____

Please describe your level of animal handling experience:

Puppies & Dogs: _____

Kittens & Cats: _____

Other animals: _____

Will you be able to separate foster animals from your own pets? Yes: _____ No: _____

How long are you able to foster a single animal for (weeks, months, etc.) _____

How many hours each work day will a foster dog be without direct supervision?: _____

Where will a foster dog stay while you are at work or when you are not home?: _____

Where would a foster dog sleep at night? _____

Will you be able to transport your foster to/from pet adoptions/other events?: Yes: _____ No: _____

Do you have any objections to PCHS conducting an on-site visit to your home where the foster animal(s) will be housed? Yes:___ No:___

If yes, please explain _____

Pope County Humane Society (hereby known as PCHS) is an equal opportunity organization and will not allow discrimination based upon age, ethnicity, ancestry, gender, national origin, disability, race, size, religion, sexual orientation, socioeconomic background, or any other status prohibited by applicable law.

PCHS will provide food, litter, crates, bedding, toys, and other items as needed for the animal while it is in your care at home. The foster parent is responsible for transporting the foster animals for vet appointments as required.

You will be expected to keep the foster animal safe and secure; return it to PCHS when requested to do so; not promise the animal to anyone or imply that you have the authority to approve a potential adoption. PCHS retains ownership of all animals placed in foster care and will make all decisions regarding the adoption and placement of the animals fostered.

Foster services performed by an individual are voluntary and are without any expressed or implied promise of salary, compensation, or payment of any kind.

I have read and understood the questions and statements above. I certify that all the information contained in this application is true and correct. I understand that although PCHS takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which PCHS has asked me to provide care. I acknowledge that PCHS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during foster placement, and I assume liability to provide adequate controls to prevent such damage or injury. I acknowledge that this application remains the property of PCHS.

I understand that PCHS reserves the exclusive right to decline participation or to terminate participation in the foster program at any time for any reason.

Signature: _____

Date: _____