



Foster Application

Pope County Humane Society

17584 195th Ave, Glenwood, MN 56334

(320) 634-4761

Date: _____

Name: _____

Address: _____

Phone Numbers: _____

Why would you like to be a part of this program? _____

Type of animal you are willing to foster: _____

Please list current animals in your household:

Name & Age	Species/Breed	Spay/Neuter?	Male or Female	Up to date on shots?

Are your pets good with other animals? _____

Please Initial here that you understand some animals may not be house/litter trained: _____

Do you allow your cats outside? YES NO

Do you keep your dogs outside all the time, or are they allowed inside? _____

While your animals are outside, how often do you monitor them? _____

Do you have a fenced yard? YES NO

Are you able to provide the animal fresh water twice a day? YES NO

Are you able to provide the animal with food twice a day? YES NO

Are you able to administer medication after a short training session? YES NO

Please indicate housing status:

Rent an apartment Rent a house Own a home Other

**If you Rent or do not own the home you currently live in, we will need a signed letter from landlord or owner of the home.

Landlords name and phone number: _____

**They will be called before the home visit

Do you work outside the home? YES NO

When you are not at home, where will the animal be kept:

Kennel Outside A room in the house Free run of the house

When you go on any trip lasting longer than 12 hours, who will be caring for the animal? _____

Do you have any children, or will the animal ever be around children in your home?

YES NO

If yes, Please list with ages: _____

Please provide two personal references who may be contacted. Preferably No Relatives:

Name: _____

Phone number: _____

How you know each other: _____

Name: _____

Phone number: _____

How you know each other: _____

Please make any additional comments below: _____

Home visit to be scheduled by Foster Home Coordinator

Home visit scheduled: _____

By signing below you agree to the following terms:

1. Although the animal legally is owned by Pope County Humane Society, I will do everything in my power to provide a safe loving home where the animals are provided with food twice a day and given all day access to water. (water changed twice daily)
2. Should any medical problems arise I will contact Pope County Humane Society immediately. I understand that I will be given the personal number of the foster home coordinator to be used in the event of an emergency if I can not reach anyone at the shelter. (Shelter number: 320-634-4761)
3. I understand that if I choose to foster a dog, I will be asked to train them to learn basic commands.

4. I understand that my personal animals must stay current on all vaccinations (distemper and rabies) and tested yearly for HW/Lyme/Anaplasmosis/Ehrlichia or FIV/FelV/HW. I also understand that I must show proof of current vaccinations prior to fostering any animals.

Signature: _____

Date: _____

PCHS Staff Signature: _____