



Iowa County Humane Society

305 County Road YZ, Dodgeville, WI 53533
Office: (608) 935-1381 Fax: (608) 935-2884
Email: office@ichs.net website: www.ichs.net

Foster Care Application

Name _____ Date _____
Address _____ Home phone _____
City/State/Zip _____ Work phone _____
Email _____ Cell phone _____

Household information

Do you : Own your home Rent
Landlord's name _____ Phone # _____
There are currently _____ adults and _____ children in my household.
Ages of adults _____ Ages of children _____
Does anyone in the household have allergies? Yes no If yes, please list:

Current pet information-please list all animals you currently own

Animal's Name	Species	Breed	Age	Male or Female	Spayed/Neutered	Indoor/Outdoor

Name of your vet clinic: _____ Phone # _____
Are your pets current on all vaccinations? Yes No
How do your current pets react to other animals? _____

Foster care information

Who will be the primarily responsible for the daily care of the foster animal?

Do you have the ability to isolate the fostered animal from your pets? Yes No
Do you have a fenced in yard? Yes No
Are you comfortable giving an animal medication if needed? Yes No
How many hours per day do you have to spend with your foster animals?

What supplies do you have available for your foster animal? (please circle)
Cat Litter Toys Food Dishes
Bedding Litterboxes Crate Other: _____

Please list any animal handling experience you have that specifically involves medical care, socialization, training and weaning kittens or puppies. _____

Please check all the types of animals you are interested in fostering:

Cats	Dogs
___ Cats/kittens with Upper Respiratory Infections	___ Puppies too young for adoption
___ Kittens too young for adoption	___ Undersocialized puppies
___ Moms and kittens	___ Moms and puppies
___ Injured and recovering cats	___ Injured and recovering dogs
___ Under socialized kittens	___ Undersocialized dogs

Which of the above foster categories are you most interested in fostering? _____

Personal References

Please list names and phone numbers of two personal references who are not related to you or living in the same household.

1. Name _____ Phone # _____
2. Name _____ Phone # _____

By signing below I certify that all the above information is true, and I recognize that any misrepresentation of fact may result in losing the opportunity to foster. I authorize investigation of all statements in this application and understand that veterinarians, other humane societies, landlords, etc, may be contacted.

Signature _____ Date _____

For Office Use Only

	Date	Initials
Veterinarian reference check completed	_____	_____
Landlord Approval	_____	_____
Home visit completed	_____	_____
References completed	_____	_____
Application approved Yes No	_____	_____
Comments: _____		
