

Rutland County Humane Society

Foster Care Application

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animal to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

Thank you for your time and interest!

In order to be considered for foster care, applicants must:

- Be 21 years of age or older
- Have the consent of all adults living in the household
- Have the consent of the landlord to bring and keep an animal on the property

General Information

Name: _____ Date of Birth: ____/____/____

Home of Address: _____

Mailing address (if different from above): _____

Email Address: (Please Print Clearly) _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

May we contact you at work? ___Yes ___No If yes, Work Phone: (____)____-____

Interest/Personal Preference

Have you ever fostered animals before? ___Yes ___No

What type of animal are you interested in fostering? *Please check all that apply.*

___ Litter of Kittens with mother cat ___ Bottle Feeders

___ Pregnant cat ___ Kittens

___ Sick/injured/recuperating cat ___ Adult Cat

Do you live in a ___ House ___Condo ___Apartment ___Other _____

Do you rent or own the property where the animal will be fostered? ___Rent ___Own

Landlord's Name: _____

Landlord's Phone: (____)____-_____

Are there any children in your household on a regular basis? __Yes __No

If yes, what ages? _____

Do any members of the house hold have relevant allergies? __Yes __No

Do you have a separate room available for the foster animals? __Yes __No

Please explain the room set up and size: _____

How many hours per day will your foster animal be without adult care? _____

Currently Owned Pets

Name: _____ Breed/type: _____ Spay/Neutered: _____

Name: _____ Breed/type: _____ Spay/Neutered: _____

Name: _____ Breed/type: _____ Spay/Neutered: _____

Who is/has been your veterinarian: _____

Phone number: (____)____-_____

Additional Experience

Have you ever been involved in the birth of an animal? __Yes __No

If yes, please explain _____

I certify that the information I have given is true. I authorize RCHS to contact veterinarian or the landlord if deemed necessary. RCHS has the right to deny an application due to false information or what the staff believes is in the best interest of the animal.

Name (print clearly): _____

Signature: _____ Date: ____/____/____