



Dog Shelter
100 Veterans Blvd.
Georgetown, OH 45121
937-378-3457

Cat/Small Animal Adoption Center
422 Lincoln Ave.
Georgetown, OH 45121
937-378-2210

FOSTER APPLICATION

Thank you for your interest in fostering an animal from the Brown County Humane Society (BCHS). In an effort to ensure the best possible foster placements for the animals in our care, we ask that you fill out the following application completely. All information will be kept confidential. Please note that you must be at least 18 years of age or older to foster an animal for BCHS. Email your completed application to: director@bchsohio.org.

What animals are you interested in fostering?

Dogs/Puppies Cats/Kittens Other small animals (rabbits, guinea pigs, birds, etc.)

PERSONAL INFORMATION

Your Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Alternate Phone _____

Email _____ Are you at least 18 years old? _____

HOUSEHOLD INFORMATION

Type of home you live in: House Apartment Mobile Home Condo

How long have you lived at this residence? _____

Do you own/rent your home? Own Rent Other arrangement: _____

If you do not own the home, does homeowner allow the type of animal you will be fostering? Yes No

If your name is not listed as owner of property, provide name and phone # for property owner:

Name _____ Phone _____

How many adults live in your house? _____ Ages of children in house: _____

CURRENT ANIMALS IN YOUR HOUSEHOLD

Are there currently other animals in your home: Yes No

If yes, list the species and ages. For dogs, also list the breed(s): _____

Are all the animals in your home up to date on vaccinations? Yes No N/A (no current pets)

Are your current pets spayed/neutered? Yes No N/A (no current pets)

Are your current pets on flea prevention? Yes No N/A (no current pets)

If any of your current pets are not up to date on vaccinations, flea prevention, or not spayed or neutered, please explain: _____

If seeking to foster cats/kittens, are your current cats negative for FIV/FelV? Yes No Unknown

Where are your current pets kept? Indoors Outdoors

Do you have indoor space away (spare room, office, etc.) where foster pets could be housed away from your current pets, if needed? Yes No

Who will be responsible for the care/feeding/handling of the foster pet? _____

Can a representative from BCHS conduct a home visit? Yes No

If seeking to foster a DOG, please complete the following few questions:

Where will your foster dog be when you are home?

Indoors (outdoors for potty and exercise) Indoors mostly/outdoors on occasion

Outdoors mostly/indoors on occasion

How many hours will your foster dog be alone during the day? _____

Where will your foster dog be when no one is home?

Indoors with free roam of house Indoors with limited roam of house

Indoors in crate Indoors with outside access (ex: dog door)

Do you have a fenced yard? Yes No

If yes, what type and height of fence? _____

If not, how will you keep the foster dog on property when outside? _____

ANIMAL RELATED EXPERIENCE

What do you consider your level of experience caring for/handling pets? *Check level that applies:*

Never owned a pet but feel I can handle the basic needs of a foster pet

Current or past pet owner with knowledge of basic pet needs and handling

Experienced with many types of pets (ex: vet tech, groomer, life experience)

Please check any of the following that you have experience with and/or are interested in fostering:

- | | |
|---|---|
| <input type="checkbox"/> Adult dog(s) (over 6 mos. old) | <input type="checkbox"/> Adult/adolescent cat(s) |
| <input type="checkbox"/> Puppy/puppies (under 6 mos. old) | <input type="checkbox"/> Young kitten(s) |
| <input type="checkbox"/> Pregnant dog | <input type="checkbox"/> Pregnant cat |
| <input type="checkbox"/> Mother dog with puppies | <input type="checkbox"/> Mother cat with kittens |
| <input type="checkbox"/> Dog with medical needs (such as injury) | <input type="checkbox"/> Cat with medical needs (such as injury) |
| <input type="checkbox"/> Special needs dog (blind, deaf, mobility impaired, etc.) | <input type="checkbox"/> Special needs cat (blind, deaf, mobility impaired, etc.) |
| | <input type="checkbox"/> Orphaned kittens (bottle feeding) |

Do you have experience administering medicine? Yes No

If yes, what type? Topical (on skin) Oral Eye drops Injection Sub Q fluids

It is often necessary for the foster to transport the foster pet to meet potential adopters, or to adoption events, and vet appointments. Are you able to help transport the animal? Yes No

References

Veterinarian: Name _____ Phone _____

Personal: Name _____ Phone _____

BCHS Foster Policies

Please initial next to each statement below indicating you understand and agree to each

- I acknowledge that fostered animals are the legal property of the Brown County Humane Society (BCHS) and I understand I may not sell, trade, give away, or otherwise dispose of the animal.
- I agree to provide safe indoor space, humane care, and attention to the animals I foster. I agree to ensure that anyone who comes in contact the foster animal(s) will treat them with love and respect.
- BCHS retains ownership of the foster animal(s). If the foster animal is not being properly cared for - including neglect, physical abuse or mental abuse - BCHS will seize the animal. If a foster animal is found to have been abused or neglected, BCHS will prosecute to the fullest extent of the law following recovery of the animal.
- If for any reason I am unable to care for and need to return the foster animal, I will contact a BCHS representative immediately.
- I understand that I can cancel the foster contract, and that BCHS can cancel the foster contract, at any time without cause.
- BCHS reserves the right to conduct site inspections to check on the condition of the foster animal(s) without advance notice, but typically BCHS will provide advanced notice.

_____ I fully recognize that any foster animals under my care are actively being advertised for adoption and can be placed in forever homes at any time. I understand that anyone interested in adopting the foster animals (including myself or family members) must go through the standard adoption approval process and placement of animals is up to the BCHS. (Of course, BCHS welcomes referrals)

_____ I agree to make every effort to provide the needed transportation for the animal(s) to BCHS-approved veterinarian appointments and to the BCHS shelter as needed for health checkups, vaccinations, adoption meetings, etc.

_____ I acknowledge that I have no right to authorize any health care or well-care unless an absolute emergency – without the express permission of BCHS. If I do so, I understand that I will be financially responsible for all unauthorized expenses. BCHS will pay or reimburse for pre-approved veterinarian expenses.

_____ I understand that although the BCHS takes reasonable care to screen animals for foster care placement, BCHS makes no guarantees about the animal’s health, behavior or actions. I understand that I receive foster animals at my own risk and can reject or return any animals for which the BCHS has asked me to provide care.

_____ I understand that BCHS is not responsible for any damages or injuries to myself, family members, personal pets or property caused by my foster animal.

_____ I understand that I will not be reimbursed for pet food, toys, cat litter or other pet supplies that I purchase. BCHS will attempt to provide needed pet supplies to fosters as the items are available at the shelters. However, I understand that BCHS is a 501c3 nonprofit organization that relies almost entirely on donations and grants for dogs in their care, and solely on donations/grants for cats and all other animals in their care.

_____ I agree that if I move residences, or change phone numbers, it is my responsibility to notify BCHS immediately of those changes.

_____ I agree to send photos of the animal(s) I foster when asked by BCHS management. I also agree that BCHS may use those photos in advertisements and other types of communications (i.e., Facebook, BCHS brochures, etc.).

By signing below, I am applying to foster animals for BCHS and I am stating that I have answered all questions completely and truthfully. My signature below also indicates that I have read, understand, and agree to all the foster policies.

Applicant’s Signature _____ Date _____

Office Use Only

Application approved? _____ Yes _____ No If not, why? _____

Approved by _____ Date _____