



Minnesota Humane Society
founded 1869

Education-Advocacy-Rescue
Dedicated to saving animals' lives

Animal Foster Home Application (please print)

Mail completed form to: 475 North Cleveland Avenue, Suite 10 0B - St. Paul, MN 55104

I - Personal Information

Name: _____

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Best times to be reached? _____ Age (if under 21) _____

Are you available for calls at work? Yes No

E-mail address: _____

II – Household Information

Other people in household

NAME	RELATIONSHIP	AGE

Is anyone allergic to: _____ cats? _____ dogs? _____ other? Specify _____

NOTE: MHS requires all foster volunteers to have an up-to-date tetanus shot.

III – Animals in household

NAME	SPECIES	BREED	AGE & HEALTH	INDOOR/ OUTDOOR	SPAYED/ NEUTERED?

If you have cats, have they been FeLV/FIV tested? Yes ___ No ___

Were the results of these tests negative? Yes ___ No ___

Are your animals current on their vaccinations? Yes ___ No ___

Current veterinarian's Name: _____ Phone: _____

Do you: ___ Own ___ Rent

Type of dwelling you live in:
 ___ House ___ Apartment ___ Condo/Townhome ___ Mobile home

If you rent: Landlord's name: _____ Phone: _____

Do you have a room in which foster animals can be separated from your other pets?
 Yes ___ No ___

Have you been or are you currently involved with another rescue group or humane organization? Yes ___ No ___

If yes, please specify:

Would you allow potential adopters to come to your home to see the animal?
 Yes ___ No ___

If no, would you be willing to bring the animal to another location for the potential adopter to see animal? Yes ___ No ___

IV. Foster information:

Species and number of animal(s) willing to foster

[] cat #____ [] dog #____ size and type of dog _____

Length of time able to foster? _____

Any time during year unable to foster? _____

Private area in home for animal? _____

If dog – do you have a fenced yard area? Yes _____ No _____

Type of fence _____

Hours per day animal will be left alone? _____

Able to foster sick or injured animal? Yes _____ No _____

Willing to bring to vet? Yes _____ No _____

Comfortable giving meds? Yes _____ No _____ [] pills [] shots

V. Supplies/assistance needed:

	WILL PROVIDE	NEED PROVIDED
Food	_____	_____
Litter	_____	_____
Medical care	_____	_____
Bowls	_____	_____
Leashes/collars	_____	_____
Carriers	_____	_____

Any Comments: _____

VI. References:

Please list three individuals as references. These individuals may be contacted by Minnesota Humane Society. Please include your veterinarian if you currently have one.

- 1) _____
Name *Address* *Phone*

- 2) _____
Name *Address* *Phone*

- 3) _____
Name *Address* *Phone*

The Minnesota Humane Society highly recommends that all of its volunteers have their tetanus vaccination up to date.

Agreement:

I understand that I shall be legally responsible for any animal(s) that I foster for the Minnesota Humane Society.

Signature

Date

Signature

Date