

# Rock County Humane Society



## Foster Addendum to Volunteer Application

### Household Information:

<b>Adults</b> (other than yourself)			
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
<b>Children</b>			
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	Relationship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:

### Current Pets:

Name	Species	Breed	Gender	Altered?	Age	Vaccinated?
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

If any animals aren't spayed or neutered, please explain: \_\_\_\_\_

\_\_\_\_\_

1. Why do you want to be a foster caregiver? How did you hear about the program?

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2. Are all members in your household agreeable to having foster animals in their home?

Yes  No

3. Do you own or rent?  Own  Rent

If you rent, does your lease allow pets?  Yes  No

4. Is your yard fenced?  Yes  No  I do not have a yard

5. Are you able to separate your foster animal(s) from the other animals in your house?

Yes  No  N/A

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you available to attend adoption events with your foster animal?  Yes  No

If yes, how many weekends per month?  1  2  3  4

7. Which types of animals would you like to learn more about fostering?

\*Our greatest need is for orphaned kittens and mothers with kittens in the spring & summer months.

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|---|---|
| <input type="checkbox"/> Orphaned kittens         | <input type="checkbox"/> Orphaned puppies         |
| <input type="checkbox"/> Mother with kittens      | <input type="checkbox"/> Mother with puppies      |
| <input type="checkbox"/> Pregnant Cat             | <input type="checkbox"/> Pregnant dog             |
| <input type="checkbox"/> Ill or injured adult cat | <input type="checkbox"/> Ill or injured adult dog |
| <input type="checkbox"/> Ill or injured young cat | <input type="checkbox"/> Ill or injured young dog |