



Date: _____

Wood County
Humane Society
Foster Application

Contact Information:

Full Name: _____

Full name/relationship of ALL residents living in the home: _____

Driver's License # _____ Email: _____

Phone # _____ Alternate # _____

Address: _____

City: _____ State: _____ Zip: _____

Do you currently: - Rent - Own - Other

If you have a property manager, please provide:

Name of property: _____

Manager Name: _____ Phone# _____

**What type of animal(s) would you like to foster/learn more about fostering
(please circle all that apply):**

Young unweaned kittens with a mom Young unweaned kittens w/o a mom

Weaned kittens Adult cats Weaned puppies

Young unweaned puppies with a mom Young unweaned puppies w/o a mom

Adult dogs up to 25lbs Adult dogs 25-50lbs Adult dogs 50lbs +

Sick or injured dogs Sick or injured cats Surgical recovery

Circle option that best describes your normal day:

Home all day Out part-time Gone 7-10hrs daily

**Do you have transportation to bring your foster animal(s) in for foster
appointments at our shelter? YES NO**

Any foster animal(s) you have needs to get along with: _____ Dogs _____ Cats
_____ Kids _____ Pocket pets

Are you comfortable administering oral and/or topical medications to your foster animal(s)? YES NO

How will your foster animal(s) receive exercise (if allowed) and enrichment?

Have you cared for young, unweaned puppies or kittens before? Yes No

If yes, please explain: _____

What materials will WCHS need to provide to you? Please check all that apply

FOOD LITTER LITTERBOX TOYS CRATE HEATING PAD
BLANKETS BOTTLES FOOD DISHES POTTY PADS FORMULA

List of Current Pets in Household:

BREED	AGE	M/F & SPAYED/NEUTERED

Name of Veterinarian: _____ Phone: _____

**WCHS will be contacting your veterinarian to ensure that owned pets are current on vaccinations and are spayed/neutered to ensure the safety of our animals* *

By signing this document, you agree that the above information is truthful and correct. WCHS has the right to refuse a foster if we deem it necessary by any means. Foster Parent also agreed to abide by any rules and regulations set forth by not only WCHS Foster Program but also its staff, board members as well as its participating veterinarians.

Foster Parent: _____ Date: _____

WCHS Employee: _____ Date: _____

WCHS STAFF ONLY

Approved by: _____ Date: _____