



2500 Watkins Road  
Battle Creek, MI 49015  
(269) 963-1796  
[www.hs-scm.org](http://www.hs-scm.org)

## FOSTER HOME APPLICATION

### Applicant Information

Name:		Driver's license number:	State:
Address:			
City:	State:	Zip:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Are you presently employed?	Employer:	Unemployed Student	Retired
Number of People in Household:	If children are in the household, please list ages:		
Are you or any member of your family allergic to pets: Yes No		Have you been tested: Yes No	

### Co-Applicant Information

Name:		Relationship:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Are you presently employed?	Employer:	Unemployed Student	Retired

### General Information

Type of residence:	House	Apartment	Condo	Mobile Home	Farm/Barn	Living with someone
If rental, are pets allowed?:	Yes	No	Size or breed Restrictions?:	Yes	No	Max. Size:
Complex name/address:						
Manager/Landlord:				Phone number:		
Current housing location:		City Limits	Outside City Limits			
Type of street:	Very busy road	Slight traffic	Residential area	Country road	Speed limit:	
Where will dog/cat be kept?	Inside only	Outside only	Mostly inside	Mostly outside		
Where will the dog/cat be at night?	Inside	Outside	Do you have a fenced in yard?	How tall is fence?		
Will you allow the dog/cat to run loose?	Yes	No	If Yes, where?			
How many hours per day will the dog/cat be alone?			Where will the dog/cat stay when left alone?			

Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)
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In the absence of the primary caregiver, who will care for the dog/cat?

I am interested in fostering:      dogs                      puppies                      cats                      kittens  
 (please circle all that apply)

How did you hear about the HS-SCM? Radio TV Website Pet finder Mobile event Walk in Other:

Will you allow a HS-SCM representative to visit your home? Best time:

Are you willing to take the foster animal to adoption events?                      Yes                      No

Are you willing and able to bring dog/cat back to HS-SCM to be adopted?                      Yes                      No

Do you consider the dog/cat your fostering as part of the family?    Yes    No	Do you have a problem with a cat having claws? Yes    No
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Do you have a problem with a dog not being house trained or chewing? Yes No- if Yes, how will you cope?

### Pet Information

Do you have any pets now or had any in the past five years? Yes No      If yes, complete the following chart

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered		Inside/Outside		Where is Pet Now?
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	

Current or past vet name of clinic:                      Phone #                      May we call your vet?

Will you slowly introduce dog/cat to other pets in your home? Yes    NO	Are you willing to call the HS-SCM, if the foster pet acquires an illness?    Yes    No
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Will you be able to give medication to dog/cat you will be fostering?                      Yes                      No

### Personal References

#1 Name                      #1 Phone                      #1 Relationship

#2 Name                      # 2 Phone                      #2 Relationship

**I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS FOSTER APPLICATION.**

**I understand that this questionnaire remains the property of the Humane Society.**

(Over 18 years) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the adoption desk so that we may review it with you

\*\*\*\*OFFICE USE ONLY\*\*\*\*

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Issues discussed \_\_\_\_\_

Denied by \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_