



Date: _____

Wood County Humane Society Foster Application

Contact Information:

Full Name: _____

Full name and 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# _____

Circle Type of Animals Interested in Fostering:

Mom's & Kittens	Kittens	Medical
Mom's & Puppies	Puppies	Behavioral
Potential Adoption		

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: _____

Date: _____

Foster Care Checklist

FOOD	
LITTER	
CARRIER	
HEATING PAD	
BLANKET	
FORMULA	
NURSING BOTTLE	
BOTTLE BRUSH	
MEDICATIONS	

WCHS STAFF ONLY

Approved by: _____ Date: _____