



MetroWest Humane Society Foster Home Application

DATE: _____

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE (HOME)	PHONE (WORK)	
CELL		
FAX NUMBER (IF ANY)		
EMAIL		

May we contact you at your work telephone? Yes No

Are you over 21 yrs of age? Yes No. If no, how old are you? _____

Family Information

This information is important to us to ensure that your foster pet is a suitable match for your family/home.

Number of adults in household: _____

Number of children: _____

Ages of children: _____

Number of dogs: _____

Number of cats: _____

Other Pets: (list types) _____

Do you have other children or pets that regularly come to your home?

Yes No

If yes, please explain circumstances (i.e. baby-sit):

What type of residence do you have?

Do you: Own Rent

If you rent, do you have the landlord's permission to foster a pet?

Yes No

Name/Telephone of Landlord: _____



Fostering Information

Do you have any special requirements/circumstances that we should be aware of? (Health issues, schedules, etc.)

Are you willing to foster from rescue to adoption?

(The amount of time needed to find a permanent home for a pet can vary from days to months.)

Are there any times of the year that you could not foster? If so, when?

Would you be agreeable to a home visit by our foster care coordinator? Y_____ N_____

Do you want to foster (circle all that apply):

Adults / Kittens / Pregnant / Nursing Moms / Rehab/Special Needs

Do you have a place to keep the cat(s) separated from your own pets? If so, please describe:

Please note that all pets that you currently have in your home must be up to date on their vaccinations and be spayed or neutered for you to be considered for fostering. If there is a medical reason why this is not done, please specify reason:

Please list the name and phone number of your veterinarian



Please read and certify the following:

By signing this form, I certify that all the information in this application is true, and I understand that false information may void this application. I agree that upon fostering a pet for MetroWest Humane Society, I agree to abide by their foster agreement and shelter policies.

Name

Date

Please email the completed form to Mary_Ptak@yahoo.com or mail to: MWHS, PO Box 1068, Framingham, MA 01701

THANK YOU FOR CONSIDERING FOSTERING A PET FOR
THE METROWEST HUMANE SOCIETY