



South Wood County Humane Society

3621 64th St N • Wisconsin Rapids, WI • 54494

Ph: 715-423-0505 • Fax: 715-421-1984 • Web: www.swchs.com • Email:swchs@swchs.com

FOSTER APPLICATION

Congratulations on your decision to foster an animal companion. South Wood County Humane Society is happy you are considering an animal from our shelter. The goal of South Wood County Humane Society is to find permanent, loving and responsible homes for the animals in our care. We do not adopt on a first come served basis, do not hold animals for adoption and our goal is to match the best animal for your situation. *South Wood County Humane Society's Foster Home Program is designed to offer housing for animals in need on a temporary basis or as a pre-adoption tryout. Please complete the information below to help us place the correct animal(s) in your home.*

In order to be considered for the foster program, you must:

- Be 21 years of age or have a co-signer present at time of turning in application and adoption if approved.
- Have formal identification (ex. Drivers License)
- Current pets must be up to date on vaccinations.
- SWCHS will check with landlords for approval of pets in rental homes, apartments and mobile home parks. Parental permission must be granted if you live in their home at time of application.

Please initial that you have read and understand the statements above: _____

Date: _____

Canine Feline Other Animal Name: _____ A&D: _____

Please indicate which animals you would be interested fostering:

- Pre-adoption try out Pregnant cat / dog (could be up to 18 weeks)
 Mom cat / dog & nursing babies (up to 12 weeks) Senior cat / dog
 Cat / dog medical issues Cat / dog due to over-population
 Cat / dog requiring socialization

Name: _____ Date of Birth: _____

Address: _____

City: _____ Township: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Drivers License #: _____

Spouse/significant other: _____

*****SWCHS adopters will receive a 30-Day ShelterCare Gift, at the time of adoption, that covers several accidents and illnesses common to newly adopted pets. An email address must be provided in order to qualify and permission granted*****

E-Mail Address*: _____

Your email address may be added to SWCHS mailing lists.

Do you give SWCHS permission to release your phone number to ShelterCare Pet Insurance? Yes No

Who will be financially responsible for this pet? _____

What do you estimate proper nutrition, yearly vaccines and vet care costs per year? _____

Employer/Source of income: _____ Phone: _____

Part Time/Full Time(circle) For how long? _____ Supervisor's name: _____

Do you live in a? House Mobile Home Apartment Condo Duplex Farm

Do you (circle)? Rent Own Live with parents/relatives

Landlord/Manager/Parent's Name: _____ Phone Number: _____

Renters, have you consulted with your landlord yet about having a pet (circle) Yes No Will be soon

Have you ever been convicted of a crime other than a minor traffic violation or any animal related violations? Yes No

If yes, explain _____

Has anyone in the household in which the animal may live been convicted of an animal related crime? Yes No

If yes, explain _____

Do you or anyone else in your household have any allergies to animals? Yes No Unsure

Do you have children that will be in the household with this animal? Yes No Ages: _____

Names of people, over the age of 18, who live in the household or who visit on a regular basis:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Why are you considering adopting an animal (check all that apply):

Gift Companion For a child Companion for another pet Watch dog

How did you learn about this animal? SWCHS website Facebook Newspaper Word of mouth

What about this particular animal interests you? _____

Where will you keep this animal primarily? Indoors Outdoors Both

How do you plan to train this animal? _____

Are there any behavior issues you would find difficult to work with?

If you previously owned pets in the last three years, but no longer have them please indicate why:

Given to family member/another person Given to rescue/shelter Ran away Passed away

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Please list all CURRENT pets in the household:

Name	Breed	Age	Male/Female	Altered?	Time Owned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are your pets current on their vaccinations? Yes No Are your pets licensed? Yes No

Name of veterinarian: _____ Phone #: _____

Have you ever attempted to foster from a shelter or rescue before? Yes No

If yes, which shelter/rescue? _____

All animals are micro-chipped before leaving SWCHS. Other than yourself, who can we contact to pick up your pet, should they go missing?

Emergency Contact Person: _____ Relationship: _____

Address: _____ Phone #: _____ Cell #: _____

Adoption includes (some procedures may not be completed until time of adoption):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Spayed/Neuter | <input checked="" type="checkbox"/> Microchip | <input checked="" type="checkbox"/> Vaccinations |
| <input checked="" type="checkbox"/> De-worming | <input checked="" type="checkbox"/> Flea Control | <input checked="" type="checkbox"/> Feline FIV/FELV or Canine 4DX test |

South Wood County Humane Society has the right to accept or deny this application for any reason.

A completed application does not guarantee an approved application. I certify that I am at least 21 years of age and the information given is true. I authorize any and all verifications of statements made in the application. I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet.

I understand I am responsible for the cost of basic care which includes food, housing and quality of life needs while fostering this animal.

I also understand SWCHS has the right to do a follow up visit and take pictures showing proper shelter is being provided for any animal kept outside. If this animal becomes ill, injured, or lost, I will contact the SWCHS immediately.

I also sign that I understand how the foster process works, agree to complete any spay/neuter requirements and pay fees involved with adoption if required.

Date: _____

Applicant Signature: _____

Date: _____

Co-signer Signature: _____