

Humane Society of Barron County, Inc

1571 Guy Ave.
Barron, WI 54812
(715) 537-9063

Foster Home Care Provider Application

Name(s): _____ Home Phone: _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ May we contact you at this number? _____

Please identify all dogs/cats that currently live in your home spayed/neutered

Breed _____ Name _____ Age _____ Sex _____ yes / no

Breed _____ Name _____ Age _____ Sex _____ yes / no

Breed _____ Name _____ Age _____ Sex _____ yes / no

Breed _____ Name _____ Age _____ Sex _____ yes / no

Any other pets? _____

Name of Veterinarian _____ Phone number _____

All animals in the home must have current vaccinations and be spayed/neutered.

Required Vaccinations:

Dogs: Rabies - Distemper - Bordetella (kennel cough)

Cats: Rabies – Distemper/Feline Leukemia (all cats in the household must have tested negative for FIV and Feline Leukemia)

Household Information:

_____ Own Home _____ Apartment _____ Condo _____ Farm _____ Other _____

Landlords name _____ Phone _____

How many children live in or visit your home? _____ Ages _____

Is anyone in the household allergic to pets? _____ If yes are allergies controlled? _____

List any members of the family that may assist in caring for the animals _____

Do you have a room to isolate foster animals from other pets? _____

If yes, please describe the area and how you would isolate them _____

How many hours per day would animals be alone? _____ Do you travel frequently? _____

Animal Handling Experience

Describe your experience in caring for sick or injured animals. Please note any experience you have in dog obedience training or behavior modification:

What motivation do you have in wanting to foster animals?

Interests:

Canine Placements: ___litter of puppies ___mom with puppies ___adult dog ___injured & recovering from surgery ___in need of obedience training ___not house-trained ___may exhibit separation anxiety or destructiveness

Feline Placements: ___litter of kittens ___mom with kittens ___adult cat ___ injured & recovering from surgery ___needs socialization

Large Animal Placements: ___Horses ___Cattle ___Swine ___Goats ___Lhamas/Alpacas

The best time for our family to schedule a HSBC foster home visit would be: _____

Foster Home Care Waiver of Liability

In consideration of the Humane Society of Barron County, Inc. accepting or denying my application for participation in the foster home program, I agree to release and hold HSBC harmless from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements. I further agree to indemnify HSBC for any of the foregoing asserted by third party, including but not limited to, other individuals residing at my home, to the extent that any of the foregoing arise from or are occasioned by my participation in the foster home program. I understand that when I care for HSBC animals in my home, I am doing so strictly as a volunteer. Thus, I will not expect to make claim for wages in return for my services. I agree that HSBC may photograph my participation in this program, and I hereby release any such photographs to HSBC for use in its programs, publications, and purposes.

Print Name: _____

Signature_____ Date_____

HSBC Authorized Signature: _____