

MetroWest Humane Society Foster Home Application

Date of application: ____/____/____

Personal Information:

Name: _____ DOB: ____/____/____
Address: _____ Phone (H): (____) ____ - ____

E-mail: _____

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: _____
- 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", in which circumstances: _____

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? Yes No

****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? Yes No
If "Yes", when? _____
- Would you be agreeable to a home visit by our foster care coordinator? Yes No
- Do you want to foster: Adults Kittens Pregnant Mom
 Nursing Moms Rehab/Special Needs Hospice
- Do you have a separate room to keep the cat(s) where they can't hide? Yes No
If "Yes", please describe: _____

****Please note that all pets currently 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 the reason: _____

What is the name and phone number of your veterinarian:

_____ (_____) _____ - _____

By signing this form, I, _____ (full name), 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 Human Society, I agree to abide by their foster agreement and shelter policies.

Name

Date

Thank you for choosing to foster a pet for the MetroWest Humane Society!

Please email the completed form to: mwhspaw@yahoo.com, or by mail to:
MWHS, PO Box 1068, Framingham, MA 01702