



Foster Application

1736 E. 7th Ave
 Kennewick, WA 99337
 Phone: 509-374-4235 | Fax: 509-374-4276
 Email: amberz@bfhs.com

Full Name:			Age:	
Driver's License #:		Date of Birth:		
Home Address:				
City/Zip:				
Primary Phone:		Mobile Phone:		
Email:		Preferred Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Call/Text	
Emergency Contact Name:		Emergency Contact #:		
Do you currently:	<input type="checkbox"/> Own <input type="checkbox"/> Other _____			
Do you have Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Ages		
Have you ever been convicted of a crime? If yes, please explain the conviction.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical restrictions (allergies, lifting restrictions, etc.) we need to be aware of? If yes, please describe in the space below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there felines in your household? If yes list below. Are they are altered?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there canines in your household? If yes list below. Are they are altered?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you want to foster for BFHS? Please give us a brief explanation.				
How did you hear about our Foster Program?		Website Friend Other (Please Specify):		
Have you cared for cats or dogs before? Explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the area where your foster animal(s) will be kept:				

I am interested in providing foster care for (Check ALL that apply):			
Cats <input type="checkbox"/> Bottle Baby Kittens <input type="checkbox"/> Weaned Kittens <input type="checkbox"/> Under socialized Cats/Kittens <input type="checkbox"/> Pregnant/ Nursing Moms (Cats) <input type="checkbox"/> Cats/Kittens: Minor Medical Foster (including: URI, Ear mites/Infection, diabetes, etc.) <input type="checkbox"/> Cats/Kittens: Major Medical Foster (including, but not limited to: PanLeuk) <input type="checkbox"/> Cats/Kittens Ringworm <input type="checkbox"/> FeLV+ Cats/Kittens <input type="checkbox"/> Wellness Cats/Kittens Foster (animals in need of a "break") <input type="checkbox"/> End of life/ Permanent	Dogs <input type="checkbox"/> Pregnant/ Nursing Moms (Dogs) <input type="checkbox"/> Puppies <input type="checkbox"/> Dogs/Puppies: *Minor* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection) <input type="checkbox"/> Dogs/Puppies: *Major* Medical Foster (including: Parvo) <input type="checkbox"/> Dogs/Puppies Ringworm <input type="checkbox"/> Wellness Dog Foster (animals in need of a "break") <input type="checkbox"/> End of life/ Permanent		
Would you be willing to transport your foster to vet appointments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that animals I would be fostering are "property" of Benton Franklin Humane Society. If BFHS requests an animal return to the facility, I understand that I must do so in a timely fashion.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>I declare the above information is true to the best of my knowledge and belief. I will follow any and all rules set forth by the Benton Franklin Humane Society in regard to my foster animal(s). I understand that I am eligible for a background check at any time. I am aware that in the event of unforeseen medical problems, the treatment must be authorized in advance by the BFHS Executive Director, Foster Coordinator, or the Shelter Services Supervisor prior to receiving treatment. Without prior authorization, I understand that I may forfeit my right for reimbursement. I understand the hazards involved in working with animals and with housing animals in my home. I agree to hold harmless BFHS, any BFHS employee, and/or any member of the BFHS Board of Trustees from liability arising in conjunction with my participation in the BFHS foster program.</i>			
Signature:		Date:	

For Office Use Only			
Application Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Explain below)		
Volunteer Coordinator:		Date:	
Notes:			
Initial Orientation Date:		Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Visit Date:		Passed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Training Dates:		Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			