



# Foster Application

1736 E. 7<sup>th</sup> Ave  
 Kennewick, WA 99337  
 Phone: 509-374-4235 | Fax: 509-374-4276  
 Email: [Natalieh@bfhs.com](mailto:Natalieh@bfhs.com)

Full Name:		Date of Birth:		Age:	
Driver's License#:					
Home Address:					
City/Zip:					
Primary Phone:		Additional Phone:			
Email:		Preferred Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Call/Text		
Emergency Contact Name:		Emergency Contact Number:			
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 altered?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there canines in your household? If yes list below. Are they 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?					
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:					

