

## **Foster Application**

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

| Full Name:  |               | Date of Birth:               |   | Age: |  |  |  |  |
|---|---------------|------------------------------|---|------|--|--|--|--|
| Driver's License#:  |               |                              |   |      |  |  |  |  |
| Home Address:   |               |                              |   |      |  |  |  |  |
| City/Zip:   |               |                              |   |      |  |  |  |  |
| Primary Phone:  |               | Additional Phone:            |   |      |  |  |  |  |
| Email:  |               | Preferred Contact:           | erred Contact: Derred Contact: Call/Tex |      |  |  |  |  |
| Emergency Contact Name:   |               | Emergency Contact<br>Number: | cy Contact                              |      |  |  |  |  |
| Do you currently:   | □ Own □ Other |                              |   |      |  |  |  |  |
| Do you have Children?   | □ Yes □ No    | Child Ages                   |   |      |  |  |  |  |
| Have you ever been convicte   | □ Yes         | □ Yes □ No                   |   |      |  |  |  |  |
|   |               |                              |   |      |  |  |  |  |
| Do you have any medical restrictions (allergies, lifting restrictions, etc.) we need to<br>be aware of? If yes, please describe in the space below. |               |                              |   |      |  |  |  |  |
|   |               |                              |   |      |  |  |  |  |
| Are there felines in your household? If yes list below. Are they altered?   |               |                              |   |      |  |  |  |  |
|   |               |                              |   |      |  |  |  |  |
| Are there canines in your household? If yes list below. Are they altered?   |               |                              |   |      |  |  |  |  |
|   |               |                              |   |      |  |  |  |  |
| 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 do   | □ Ye          | □ Yes □ 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   |   | Dogs                                 |                                      |       |  |  |
|  | Bottle Baby Kittens   |                                      |                                      |       |  |  |
|  | Weaned Kittens  | ittens Duppies                       |                                      |       |  |  |
|  | Under socialized Cats/Kittens                               |                                      | Dogs/Puppies: *Minor* Medical Foster |       |  |  |
|  | Pregnant/ Nursing Moms (Cats)                               |                                      |                                      |       |  |  |
|  | Cats/Kittens: Minor Medical Foster (including URI, Ear      | Kennel Cough, Ear mites/Infection)   |                                      |       |  |  |
|  | mites/Infection, diabetes, etc.)                            | Dogs/Puppies: *Major* Medical Foster |                                      |       |  |  |
|  | Cats/Kittens: Major Medical Foster (including, but not      |                                      | (including Parvo)                    |       |  |  |
|  | limited to: PanLeuk)  |                                      |                                      |       |  |  |
|  | Cats/Kittens Ringworm                                       |                                      | Wellness Dog Foster (animals in nee  | ed of |  |  |
|  | FeLV+ cats/kittens  |                                      | a "break")<br>End of life/ Permanent |       |  |  |
|  | Wellness Cats/Kittens Foster (animals in need of a "break") |                                      |                                      |       |  |  |
|  | End of life/ Permanent                                      |                                      |                                      |       |  |  |
|  |   |                                      |                                      |       |  |  |
| Would you be willing to transport your foster to vet appointments?   |   |                                      |                                      |       |  |  |
| 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. No   |   |                                      |                                      |       |  |  |
| I declare the above information is true to the best of my knowledge and belief. I will follow any and all rules set<br>forth by the Benton Franklin Humane Society in regard to my foster animal(s). I understand that I am eligible for a<br>background check at any time. I am aware that in the event of unforeseen medical problems, the treatment must<br>be authorized in advance by the BFHS Executive Director or the Shelter Services Supervisor prior to receiving<br>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.   |   |                                      |                                      |       |  |  |
| Signat   | ure:  |                                      | Date:                                |       |  |  |

| For Office Use Only        |                                       |  |       |        |       |      |  |
|----------------------------|---------------------------------------|--|-------|--------|-------|------|--|
| Application Status:        | □ Accepted □ Rejected (Explain below) |  |       |        |       |      |  |
| Volunteer Coordinator:     |                                       |  |       | Date:  |       |      |  |
| Notes:                     |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
| Initial Orientation Date:  |                                       |  | Comp  | leted? | □ Yes | □ No |  |
| Home Visit Date:           |                                       |  | Passe | ed?    | □ Yes | □ No |  |
| Additional Training Dates: |                                       |  | Comp  | leted? | □ Yes | □ No |  |
| Notes:                     |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |
|                            |                                       |  |       |        |       |      |  |