



Oswego County Humane Society

Foster Volunteer Application

I am interested in fostering:

Applicant Information		Name:	
Street Address		City	
State & Zip		E-mail	
Primary Phone		Alt. Phone	
How many adults live in your home?		How many children?	Ages?
Do you own or rent?	Landlord's name	Phone	
Maximum hours pet will be left alone daily:		Are you currently employed or a student?	
How did you hear about OCHS?			

Pet History	How many pets do you have?	Please list your most recent pets (any additional information can be provided on the back of this form or sent by email):					
<i>Name</i>	<i>Age</i>	<i>Species/Breed</i>	<i>Up-to-date Vaccinations?</i>	<i>Spayed or Neutered?</i>	<i>Check box if deceased</i>		
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>		
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>		
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>		
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>		
Where have you gotten your pets from in the past?							
While we understand that pets are a long-term commitment, if your circumstances were to change due to unforeseen tragedies, such as house fire, unemployment or volcano eruption, where would your pet(s) go?							
Veterinarian's office				Phone			
<i>*Please call your vet to give them permission to release medical information to the Oswego County Humane Society</i>							

Other Personal References	Please include the names & contact information for any personal references	
<i>Name</i>	<i>Phone</i>	<i>How do you know this person?</i>

By signing below, you hereby certify that all statements are true to the best of your knowledge. You agree to a home visit by a member of OCHS before adoption is finalized. You further attest that any animals acquired are intended as pets only.

Signature _____

Date _____

Office Use Only					
Date received		Reviewed by		<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
<input type="checkbox"/> Landlord approval	<input type="checkbox"/> N/A	References completed?	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Personal	