

Foster Volunteer Application

I am interested in fostering:

Applicant Information			Name:					
Street Address					City			
State		Zi	р	E-mail				
Primary Phone				Alt. Phone				
How many adults are in your home?				Children?			Ages?	
Do you own or rent	t?		Landlord's name					
Maximum hours pet will be left alone daily:			Are you currently employed or a student?					
How did you hear about OCHS?								

Pet History			Please list your most recent pets (check the box if deceased)					
Name Age		Age	Species	Currently vaccinated	? Spayed & neutered?			
Where have 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				
*Please call your vet to give them permission to release medical information to the Oswego County Humane Society								

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

I agree to a home visit by an authorized OCHS within four weeks of accepting a foster animal into my home, if needed. I hereby certify that all statements are true to the best of my knowledge. I further agree to keep all animals in my custody safe and within Oswego County. I will return all animals upon request.

Signature

Date _____

Office Use Only								
Date received		Rev	viewed by			Approved	Declined	
Landlord approx	oval 🗆 N	/Α	References completed?		• •	Veterinarian 🛛 Personal		