Thank you for your interest in fostering for Whitman County Humane Society. We have a staff of passionate advocates who love animals just as unconditionally as they love us. We strive to help every animal we can and to promote a pet-friendly, no-kill community. To do this, we need help!

**Please fill out the following form in full**. Incomplete applications may not be considered.
Upon completion of this form, we will ask for Proof of Address. If you rent, we will verify with your Landlord that you may foster. You will then be added to our active Foster Parent contact list and you will receive an orientation email! Our staff will contact you when we have an animal(s) that is in need of foster that fits your application. Please note you may not have a foster pet right away or all of the time as our needs change throughout the year with animal intakes and animal needs.

***\*\*\*If you rent, verbal landlord approval is required to foster.***

**Please print clearly:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip Code:\_\_\_\_\_\_

Additional Phone #’s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact (circle one) Calling Texting Email Facebook

Drivers License #: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I live in a(n):**  € House € Apartment € Condo      **Circle One**:   RENT   OWN  Live W/Family

\*\*If you rent: Landlord name \_\_\_\_\_\_\_\_\_\_\_\_\_ LL Phone# \_\_\_\_\_\_\_\_\_\_\_

Make sure to get permission to foster from your LL prior to applying

Name of Spouse/Significant Other and/or Roommates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (with ages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets already in the home (This includes roommate’s pets and your own. Please include Species, Breed, Age, Sex, Spayed/Neutered, Vaccine status): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CATS:**

**I have A LOT of experience with: (Check all that apply)**

€ Weaned kittens € Bottle Baby Kittens € Pregnant/Nursing Cats

€ FIV+ cats/Kittens € FeLV+ Cats/Kittens € Undersocialized/semi-feral cats/kittens

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

€ Other (Please explain): ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have SOME experience with: (Check all that apply)**

€ Weaned kittens € Bottle Baby Kittens € Pregnant/Nursing Cats

€ FIV+ cats/Kittens € FeLV+ Cats/Kittens € Undersocialized/semi-feral cats/kittens

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

€ Other (Please explain): ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOGS:**

**I have A LOT of experience with: (Check all that apply)**

€ Weaned puppies € Bottle Baby Puppies € Pregnant/Nursing Dogs

€ Undersocialized puppies/dogs

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

€ Other (Please explain): ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have SOME experience with: (Check all that apply)**

€ Weaned puppies € Bottle Baby Puppies € Pregnant/Nursing Dogs

€ Undersocialized puppies/dogs

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

€ Other (Please explain): ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What animals would you not be comfortable fostering without further training?** (We will provide training whenever possible to help our fosters!)

€ Weaned kittens € Bottle Baby Kittens € Pregnant/Nursing Cats

€ FIV+ cats/Kittens € FeLV+ Cats/Kittens € Undersocialized/semi-feral cats/kittens

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

€ Weaned puppies € Bottle Baby Puppies € Pregnant/Nursing Dogs

€ Undersocialized puppies/dogs

€ \*Minor\* Medical Foster (including, but not limited to: URI (cold), Kennel Cough, Ear mites/Infection)

€ \*Major\* Medical Foster (including, but not limited to: Ringworm, PanLeuk/Parvo)

I am willing to foster animals that are available for adoption. Circle one: Yes No

I am interested in helping my foster animals find furever homes (Please note: WCHS does not adopt any animals out until they have met our medical requirements i.e. Spay/neuter, vaccinated, completed medications as needed, etc.) Circle One: Yes No

Describe the area where your foster animal(s) will be kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your schedule usually like? Circle what applies:

 Consistent Flexible Unpredictable

Have you ever fostered for another rescue? Circle One: Yes No

 If yes, what rescue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to transport your foster to vet appointments (for check-ups and/or surgery)? (Note: we use many local vets in the area, you would need to be able to transport to WSU VTH, Moscow, and/or Palouse) Circle One: Yes No Depends on location/time

Would you be willing to transport animals NOT in your care to vet appointments (for check-ups and/or surgery)? (Note: we use many local vets in the area, you would need to be able to transport to WSU VTH, Moscow, and/or Palouse) Circle One: Yes No Depends on location/time

I understand that the animal(s) I would be fostering are "property" of Whitman County Humane Society. If WCHS requests an animal return to the shelter, I understand that I must do so in a timely fashion. I understand local authorities may be called if I cease communication with WCHS while fostering or if I fail to return an animal. I understand it is the responsibility of WCHS to finalize adoptions and I will not release animals to anyone else. I will direct potential adopters to WCHS to ensure a legal and fully processed adoption.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Staff Use Only***

€ Approved (initials\_\_) € Proof of Address € LL approval

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_