

**Owen County Humane Society, Inc  
Application for Foster Care**



Thank you for applying to our Foster Care Program.  
We appreciate your interest in helping the animals in our care. Fostering allows young, injured or ailed animals receive the care and attention they need until they find their forever homes through the OCHS.  
All foster placements are subject to approval and are at the sole discretion of OCHS. A home visit is required prior to any foster placement. To apply to be a foster parent, you must be 25 years of age or older.

Name:		
Driver's License #:		Age:
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	
Email:		
Place of Employment:		
Employer's Phone #:		

What types of animals are you interested in fostering? Please circle one or more of the following:

- A. Kittens
- B. Adult Cats
- C. Puppies
- D. Adult Dogs

Do you have experience in feeding, socializing and otherwise caring for the type(s) of animal(s) you chose above?

Yes / No      If yes, please explain:

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Do you have experience fostering the type(s) of animal(s) you chose above?

Yes / No      If yes, when/where:

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Under what conditions would you like to foster? Please circle one or more of the following:

- A. Injured animals: Animals that require minimal treatment for recovery. A foster home helps to accelerate the healing process of injured animals. Injuries are any non-contagious ailments an animal may exhibit such as a fractured leg or luxating patella.
- B. Underage: Animals who are too young to safely remain in the shelter are commonplace at the SPCA. Placing these animals into a fostering home until they reach maturity reduces their chances of ailment than if they remained in the shelter and allows the young animals to be further socialized before adoption.
- C. Ill: Animals that are physically ill will recover more quickly when taken from the shelter environment and placed into a foster home. Illnesses in this case are any ailments of an animal which are contagious from one animal to another. By removing the animal from the shelter, we both assist the ill animal in recovery and prevent further spread of the illness within the shelter.
- D. Behavioral modification: Animals who need additional socializing, housetraining, or other basic behavioral training requirement will be better suited for learning outside of the shelter environment. By modifying unsavory behaviors, the animal will have a higher chance of adoption from the shelter.

Please answer the following questions regarding your household:

1. Number of adults (over 18 years of age): \_\_\_\_\_
2. Number of children and ages:  
\_\_\_\_\_
3. Do you or any members of your household have allergies to felines/canines? \_\_\_\_\_
4. Do you rent or own? \_\_\_\_\_  
Please Circle One:      House      Aprtmt      Condo      Townhouse      Mobile  
If rent, Landlord's name: \_\_\_\_\_ Landlord's Contact #: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a fenced yard? \_\_\_\_\_ If yes, what type of fence/height?  
\_\_\_\_\_

Please fill in the information below regarding animals currently living in your home:

Name	Species	Breed	Age	Male/ Female	Spayed/ Neutered	Current on Vaccines	Indoor or Outdoor

Please answer the following questions about fostering:

1. On average, how many hours per day will your foster animal(s) spend without human companionship?

\_\_\_\_\_

2. In what area of your home will the foster animal(s) spend most of their time?

\_\_\_\_\_

3. Do you have experience administering medications to animals?

Yes / No      If yes, please explain:

\_\_\_\_\_

4. What types of behaviors by your foster animal(s) would you find unacceptable?

\_\_\_\_\_

5. What actions would you take regarding these behaviors?

\_\_\_\_\_

I certify that all information in this application is true, and I understand that false information may void this application. I also certify that I have never been convicted of animal abuse, cruelty or neglect.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_