



# Elmbrook Humane Society (EBHS)

## Foster Application

20950 Enterprise Avenue, Brookfield, WI 53045  
 Ph: 262-782-9261 Fax: 262-782-3356 Website: www.ebhs.org

Interested in fostering:

- Dogs
- Cats
- Small Animals

In order to be considered for foster, you must:

- Be at least 18 years of age
- Have formal identification
- Have the consent of all adults living in the household
- Attend training
- Understand that we have the right to deny or accept any application

|                       |  |                        |       |
|-----------------------|--|------------------------|-------|
| Name (first and last) |  | Date                   |       |
| Street Address        |  | City                   | State |
| Phone/Type (primary)  |  | Phone/Type (secondary) | Email |

### Household Information

Do you (check one)  Rent  Own  Other \_\_\_\_\_ How long at current residence? \_\_\_\_\_

Landlord/Management Co. and phone number: \_\_\_\_\_

Have you ever applied to adopt/foster from EBHS before?  Yes  No  
 Have you adopted/fostered from another shelter or rescue?  Yes  No If so which one? \_\_\_\_\_

Are you currently:  Employed Full-time  Employed Part-time  Student  Retired

Other: (please explain) \_\_\_\_\_ Employer (Optional): \_\_\_\_\_

Please list all people currently living in your home:

| First & Last Name | Age  | First & Last Name | Age  |
|-------------------|--|-------------------|--|
|                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |
|                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |
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|                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |                   | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |

Please list all companion animals currently living in your home and those that have lived in your home over the last 5 years:

| Name | Breed | Age | Sex | Altered   | Declawed  | Still in Home                                   |
|------|-------|-----|-----|---|---|---|
|      |       |     |     | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
|      |       |     |     | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
|      |       |     |     | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
|      |       |     |     | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
|      |       |     |     | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |

Veterinary Information Are all of your current pets up-to-date with vaccinations?  Yes  No  Unsure

| Clinic Name | Veterinarian Name | Location | Clinic Phone Number |
|-------------|-------------------|----------|---------------------|
|             |                   |          |                     |

Where will the dog/cat be kept when you are NOT home? \_\_\_\_\_

Are you familiar with crate training? Yes No

What training methods have you used in the past? \_\_\_\_\_

What will you do to correct inappropriate behavior? \_\_\_\_\_

What type of animal(s) are you willing/able to foster? \_\_\_\_\_

Are you able to take on a foster that will require medical treatment? Yes No

Are you interested in providing hospice foster to an animal in need? Yes No

Please read the following statements about the EBHS Foster Program and initial next to each statement to indicate that you understand and agree to abide by these terms.

\_\_\_\_\_ Like most shelter animals, my foster may not be house/litter-trained. I understand that he/she may have accidents in my home.

\_\_\_\_\_ Like many cats and dogs, my foster may chew/scratch on furniture, clothing, or other objects. I am comfortable working with this behavior and understand EBHS is not responsible for these damages.

\_\_\_\_\_ I agree to keep my foster cat indoors at all times; or my foster dog on a leash, in an enclosed fenced-in yard, or in my home at all times.

\_\_\_\_\_ Representatives of EBHS may need to contact or visit my home to discuss the foster animal. I understand that I may be asked to complete evaluation forms for the animal. I agree to be honest and forthright regarding the animal's behavior, be it positive or negative.

\_\_\_\_\_ All medical treatment must be approved by EBHS. I understand I am not allowed to take my foster animal to the vet without consent. I understand that I will not be reimbursed for any bills incurred if I take my foster animal to the vet without approval from EBHS.

\_\_\_\_\_ I understand that my foster animal should not be transported to any location other than my residence or EBHS without the permission of an EBHS representative.

The information contained in this application is, to the best of my knowledge, complete and accurate.

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

-----OFFICE USE ONLY-----

|                 |   |           |                    |
|-----------------|---|-----------|--------------------|
| Identification  | ID Type   | ID Number | DOB                |
|                 |   |           |                    |
| Housing         | Verified  | Date      | Verified By        |
|                 | <input type="radio"/> Yes <input type="radio"/> No  |           |                    |
| Comments        |   |           |                    |
| Veterinary Info | Verified  | Date      | Verified By        |
|                 | <input type="radio"/> Yes <input type="radio"/> No  |           |                    |
| EBHS/PetPoint   | Checked   | Date      | Verified By        |
|                 | <input type="radio"/> Yes <input type="radio"/> No  |           |                    |
| Final Approval  | Outcome   | Date      | Verified By        |
|                 | <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Pending |           |                    |
| Comments        |   |           | PetPoint ID Number |
|                 |   |           |                    |