



P.O. BOX 396, MCHENRY, IL 60051  
815 385-0005

## Foster Home Application

Thank you for considering becoming a foster parent. We do not have a shelter. Without foster homes, we cannot rescue animals in need. Fostering is always rewarding and sometimes challenging! By submitting your application, you are agreeing to abide by our RFA policies. Before going to a foster home, all AOHS cats have been tested for feline leukemia and FIV, given distemper shots according to their age, and treated for any known ailments or conditions. Dogs are tested for heartworm, given a distemper/parvo shot according to their age and treated for any known ailments or conditions.

Responsibilities and expectations include:

- Providing a safe and loving temporary home along with food and litter.
- Keeping new AOHS animals separate from existing AOHS foster animals for 10 days as a precaution against potentially contagious illnesses. After this period, foster parents may integrate the AOHS animal with existing AOHS foster animals at their discretion.
- Monitoring the animal's health and seeking approval from AOHS Foster Home Manager for follow-up medical care (at AOHS expense), when needed.
- Monitoring the animal's behavior and seeking advice from AOHS, when needed.
- Following AOHS's guidelines on socializing cats (especially feral kittens).
- Keeping cats indoor at all times.
- Abiding by AOHS's adoption policies and facilitating the animal's adoption (e.g., bringing the animal to at least one adoption fair per month, and providing a write up and taking or making the animal available for a photo for the web site).
- At any time AOHS has the authority to terminate the foster home contract.

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Do you  Own  Rent?

How long at current address? \_\_\_\_\_

If you rent:

Can you show us copy of lease?  Yes  No

Name and phone number of Landlord: \_\_\_\_\_

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Will this be your first foster experience?  Yes  No

Which type of animal are you considering as a foster?

Cat \_\_\_\_\_ Kitten \_\_\_\_\_ Dog \_\_\_\_\_ Puppy \_\_\_\_\_

Do you have any experience bottle-feeding newborn animals?  Yes  No

Are you willing to foster a nursing mom and babies?  Yes  No

Are you willing to work with animals with behavioral problems, medical needs, or special needs?  Yes  No

Problems you are willing to work with:

Inappropriate Elimination  Yes  No

Spraying  Yes  No

Scratching/chewing furniture  Yes  No

Aggression  Yes  No

Fear/overly shy  Yes  No

Medical management  Yes  No

If training was made available to you, would you be willing to attend to expand your abilities.  Yes  No

How will you house this/these animals? (Room, cage, free roaming) \_\_\_\_\_

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If you have fostered in the past, which rescue group(s) were you affiliated with?

\_\_\_\_\_

When did you last foster a animal and for how long? \_\_\_\_\_+\_\_\_\_\_

\_\_\_\_\_

Which type of animal(s) did you foster? \_\_\_\_\_

\_\_\_\_\_

Would the animals be left alone during the day?  Yes  No

For how long each day? \_\_\_\_\_

How many adults and children are in this home? \_\_\_\_\_  
Adults Children

Please list all household members including ages:

|       |       |
|-------|-------|
| _____ | _____ |
| Name  | age   |
| _____ | _____ |
| Name  | age   |
| _____ | _____ |
| Name  | age   |
| _____ | _____ |
| Name  | age   |
| _____ | _____ |
| Name  | age   |

Have you or anyone in the house ever been cited or warned for abuse of any animal or person?  Yes  No

Please list two personal references: (non-relatives)

1 \_\_\_\_\_  
Name Address Phone affiliation how many years known

2 \_\_\_\_\_  
Name Address Phone affiliation how many years known

Do you have a regular veterinarian?  Yes  No

Name of Clinic: \_\_\_\_\_

Name of Vet \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Family pets currently in household:

| Type of Pet | Male/Female | Neutered/Spayed | Age   |
|-------------|-------------|-----------------|-------|
| _____       | _____       | _____           | _____ |
| _____       | _____       | _____           | _____ |
| _____       | _____       | _____           | _____ |
| _____       | _____       | _____           | _____ |

Are all pets current on vaccinations?  Yes  No

If no, explain: \_\_\_\_\_

Have you had a contagious disease (distemper/parvo/ringworm) in your home in the last 12 months?  Yes  No

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For office use only

Inspection:  Yes  No results: \_\_\_\_\_

Approved:  Yes  No if no, explain: \_\_\_\_\_

Level of fostering approved: \_\_\_\_\_

Signature: \_\_\_\_\_

Foster Home Manager