



Dog Shelter
100 Veterans Blvd.
Georgetown, OH 45121
937-378-3457
director@bchsohio.org

Small Animal Adoption Center
422 Lincoln Ave.
Georgetown, OH 45121
937-378-2210
saacmanager@bchsohio.org

DOG FOSTER APPLICATION

Name _____ Date _____
(Please Print)

Address: _____

City _____ State _____ Zip _____ County _____

Phone _____ Alternate Phone _____

Email _____ How old are you? _____

Type of home you live in: _____ House _____ Apartment _____ Mobile Home _____ Condo

How long have you lived at this residence? _____

Do you own or rent your home? _____ Own _____ Rent _____ Other: _____

If you rent, does your home owner allow dogs? _____ Yes _____ No

If your name is not listed as owner of property, provide name and phone number for property owner:

Name _____ Phone _____

How many adults live in your house? _____ Ages of children in house: _____

Do you currently own any other pets/animals: _____ Yes _____ No

If yes, list species (for dogs also list breeds and ages): _____

If you currently have a dog(s)...

Does he/she have a current county license tag? _____ Yes (County: _____) _____ No

Is your dog spayed/neutered? _____ Yes _____ No -- If not, why? _____

Is your dog up to date on vaccinations? _____ Yes _____ No -- If not, why? _____

Where are your current pets kept? _____ Indoors _____ Outdoors

Where will your foster dog be when you are home?

Indoors (outdoors for potty and exercise)

Outdoors mostly/indoors on occasion

Where will your foster dog be when no one is home?

Indoors with free roam of house

Indoors with limited roam of house

Indoors in crate

Indoors with outside access (ex: dog door)

How many hours will the foster dog be alone during the day? _____

Do you have a fenced yard? Yes No

If yes, what type and height of fence? _____

If not, how will you keep foster dog on property when outside? _____

Describe your household activity level (calm, highly active, etc): _____

Who will be responsible for the care/feeding/handling of the foster dog? _____

Can a representative from the Brown County Humane Society do a home visit? Yes No

Dog Related Experience

What do you consider your level of experience caring for/handling dogs? *Check level that applies:*

Never owned a dog but feel I can handle the basic needs of a foster dog

Current or recent dog owner with knowledge of basic needs and some basic training

Experienced with many types of pets, including dogs (Ex: vet tech, groomer, life experience)

Check any of the following that you have experience with and are interested in fostering:

Adult dog (over 6 mos. old) Puppy/puppies (under 6 mos. old)

Pregnant dog Mother dog with puppies

Dog with medical needs Special needs dog (blind, deaf, mobility impaired, etc.)

Which of the above are you MOST interested in fostering? _____

Do you have experience administering medicine? Yes No

If yes, what type? Oral Injection

How many dogs are you willing to foster at one time? _____

It is often necessary for the foster to transport the dog to meet potential adopters, or to adoption events, and vet appointments. Are you able to help transport the dog? Yes No

References

Veterinarian: Name _____ Phone _____

Personal: Name _____ Phone _____

Foster Policies

By submitting this form you agree to and understand the following: *(read and initial each statement)*

_____ I acknowledge that I will have no ownership of any foster dogs under my care. I understand the foster dog is the property of Brown County Humane Society (BCHS) and I will not sell, trade or dispose of the animal.

_____ BCHS retains ownership of the dog. If the foster dog is not being properly cared for - including neglect, physical abuse or mental abuse - BCHS will seize the dog. If a foster dog is found to have been abused or neglected, BCHS will prosecute to the fullest extent of the law following recovery of the animal.

_____ If for any reason I am unable to care for and need to return the foster dog, a BCHS representative will be contacted immediately.

_____ I understand that I can cancel the foster contract and that BCHS can cancel the foster contract at any time without cause.

_____ BCHS reserves the right to conduct site inspections to check on the condition of the dog without advance notice, but typically BCHS will provide advanced notice.

_____ I fully recognize that any foster dogs under my care are actively being advertised for adoption and can be placed in forever homes at any time. I understand that anyone interested in adopting the foster dog(s)/puppy(s) (including myself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the BCHS. (Of course, BCHS welcomes referrals).

_____ BCHS will pay or reimburse for pre-approved veterinarian expenses. I acknowledge that I have no right to authorize any health care or well-care unless an absolute emergency – without the express permission of BCHS. If I do so, I understand that I will be financially responsible for all unauthorized expenses.

_____ I understand that although the BCHS takes reasonable care to screen animals for foster care placement, BCHS makes no guarantee relating to the dog’s health, behavior or actions. I understand that I receive foster care dogs at my own risk and can reject or return any dogs for which the BCHS has asked me to provide care.

_____ If I am approved as a foster, BCHS will contact me when a foster dog becomes available. If my situation changes, I will notify BCHS so my application can be reviewed.

By signing below, I certify that the information on the application is true and correct to the best of my knowledge and I agree to the BCHS foster policies.

Signature _____ **Date** _____

Office Use Only

Application approved? _____ Yes _____ No If not, why? _____

Approved by _____ Date _____