



Dog Shelter  
100 Veterans Blvd.  
Georgetown, OH 45121  
937-378-3457  
[bcas@browncountyohio.gov](mailto:bcas@browncountyohio.gov)

Small Animal Adoption Center  
422 Lincoln Ave.  
Georgetown, OH 45121  
937-378-2210  
[Bchscatsaac@gmail.com](mailto:Bchscatsaac@gmail.com)

## 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? \_\_\_\_\_

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 dog owner, 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(s) (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, 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 \_\_\_\_\_