

## **Humane Society of Central Illinois**

423 Kays Drive, Normal, IL 61761-1958

(309)451-1000

## **Foster Care Application**

	and all information included in this application is strictly confidential and is supplied on understanding that it will be held confidentially and not disclosed to a third party.
Shelte	r name: hereafter "Shelter"
agree ti for pur prograi	I, (name of foster applicant) hat all statements in this application are made based on personal knowledge and are made poses of my application to foster one or more animals through Shelter's foster care m.
• I v	would like to foster Shelter-rescued animals.
	Number of animals I can foster
	☐ I have a preference for specific types of animals:
	☐ If any of the types of animals I specified are unavailable, I am open to substitution.
	Restrictions on the type of animal I can foster (For example, "No dogs over 30 lbs.", "Only adult cats", etc.)
	Where my foster animals will sleep at night:
	Where my foster animals will stay during the day when I am home:
	Where my foster animals will stay during the day when I am <b>not</b> home:

My Name	Home Phone		
Address	Cell Phone		
City, State, Zip	Work Phone		
Email *			
* *	e primary method of communication from Shelter, so if you do not che please tell us how to best get in touch with you.		
Driver's License Number	State of Issuance		
Name, address and telephone number of my employer (or business, if self-employer			
Business Name	Telephone		
Business Name Address	Telephone  My Position		
Address City, State, Zip	My Position		
Address  City, State, Zip   I own my home and am permitted	My Position  Length of time with this employer		
Address  City, State, Zip  □ I own my home and am permitted □ I rent my home and am permitted  Landlord's Name	My Position  Length of time with this employer to bring an animal or animals into my dwelling to bring an animal or animals into my dwelling.  Telephone		
Address  City, State, Zip  □ I own my home and am permitted  □ I rent my home and am permitted	My Position  Length of time with this employer to bring an animal or animals into my dwelling to bring an animal or animals into my dwelling.  Telephone		
Address  City, State, Zip  □ I own my home and am permitted  □ I rent my home and am permitted  Landlord's Name	My Position  Length of time with this employer to bring an animal or animals into my dwelling to bring an animal or animals into my dwelling.  Telephone		

•	I have companie	on anima	als at my home <u>currently</u> .		
	(1) all companion anin	nals curr nals I ha	r each animal), and I have ently at my home, followed we had at my home in the l mals).	ed by	nger with me
		Deta	ails for One Companion	n Animal	
 Na	me	Age	Species (dog, cat, etc.)	Breed (for dogs only)	Gender
	Currently residing in 1	ny hom	e.		
	, ,	•	years, but no longer with	me.	
Wl	hat happened to him/he	r?			
	Spayed/Neutered		☐ I have bred this a	•	
	1.1.2	C 1	☐ I am currently br		1 1
	0 1 1		on this animal   Cat de	_	
_					
	Where I got this anim	al			
	Percentage of time he	she spe	nds outside		
	Where he/she sleeps a	t night _			
	Where he/she stays du	iring the	day when I am home		
	When he/she stays du	ring the	day when I am <b>not</b> home		
Vaccinations administered:			When:		
		_			

veterinarians):	
Name of specific veterinarian I use	Name of specific veterinarian I use
Clinic Name	Clinic Name
Address	Address
Telephone	Telephone
I have been a client of this vet for	I have been a client of this vet for
Records are under the name of	Records are under the name of
List of all people living in the house an	d/or who have regular contact with my animal(s)
and their relationship to me (include fa	• , ,
- ·	mily, friends, domestic employees, etc.): is my
	mily, friends, domestic employees, etc.):
Name	mily, friends, domestic employees, etc.):  is my Relationship
Name Name	is my Relationship Relationship Relationship
Name Name	is my
Name Name	is my Relationship  is my Relationship  is my Relationship  is my Relationship  is my Is my Relationship
Name Name Name	is my Relationship
Name Name Name Name	is my Relationship  is my Relationship  is my Relationship  is my Relationship  is my Is my Relationship
Name Name Name Name Name	mily, friends, domestic employees, etc.):  is my Relationship
Name Name Name Name List of two references - people who known animals and have been to my home recommendation.	is my Relationship  where the state of the state
Name  Name  Name  Name  Name  List of two references - people who known animals and have been to my home reconstruction.	is my Relationship  where is my Relationship  is my Relationship  is my Relationship  where where we have a second control of the control of

• The name of the veterinarian(s) I use for my companion animals is (if more than one, please list

- I understand a Shelter representative may visit my home for a home inspection before my foster application is approved.
- I understand that if I am approved for fostering, I will also need to carefully read the "Foster Care Provider Contract and Guidelines," which is a separate document from this "Foster Care Application." The Foster Care Provider Contract and Guidelines represents the legal contract between a foster caregiver and Shelter. I understand that if I am approved to foster an animal, I must review the Foster Care Provider Contract and Guidelines before I can take my foster animal home. I further understand that I will be asked to agree to the terms of the Contract and sign the Contract before I can take my foster animal home.

• I have read this Application in its entirety, a document are made by me, and are truthful. under the laws of the state of Illinois.	and I agree at all statements contained in this I make this statement under penalty of perjury
Cionoturo	Data
Signature	Date
Print name	