



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
(select all that apply):

- Dogs
- Cats
- Small Animals

In order to be considered for foster, you must:

- Be at least 18 years of age
- Submit formal identification with this application
- Have an active email address that is checked regularly
- Have the consent of all adults living in the household
- Attend virtual training
- Understand that we have the right to deny or accept any application
- Any animals in the home must be fixed and up to date on age appropriate vaccinations

Name (first and last)		Date of Birth	
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+
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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 on the animal. I agree to be entirely 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 and will not be reimbursed for any bills incurred if I take my foster animal to the vet without prior consent.

_____ 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, completed and accurate.

Signature _____ Date _____

Please email your completed application and a copy of your formal ID to EBHS' Foster Coordinator, Becky, at Becky@ebhs.org