



# Berkeley-East Bay Humane Society

## Foster Care Volunteer Application

Please Print or Type

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_

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

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

### What is your work status?

Employed – Full time      Employed – Part time      Work at home      Student  
Retired/Unemployed      Other: \_\_\_\_\_

During the week you are home:      All day      Most of the day      Rarely

On weekends you are home:      All day      Most of the day      Rarely

What is the maximum length of time foster animals would be left alone? \_\_\_\_\_ hours

### Living situation

Rent      Own      House      Apartment      Condo      Other: \_\_\_\_\_

Are you allowed to have pets on the premises?      Yes      No

### How many people live in your household?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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Are all members of your household agreeable to having foster animals present?      Yes      No

Is anyone in your household allergic to pets?      Yes      No      If yes, dog or cat?

Will anyone in your household share responsibility for foster animals?      Yes      No

If yes, please list names: \_\_\_\_\_

### Please list pets you currently have in your household:

- Dog(s) How many? \_\_\_\_\_ Age/Sex/Spayed or Neutered? \_\_\_\_\_
- Cat(s) How many? \_\_\_\_\_ Age/Sex/Spayed or Neutered? \_\_\_\_\_
- Other How many? \_\_\_\_\_ Age/Sex/Spayed or Neutered? \_\_\_\_\_

Do you have a secure room where you can keep fosters separate from pets?      Yes      No

Where do you plan to keep your foster animals in your home? \_\_\_\_\_

Have you ever fostered an animal before?      Yes      No

If so, please list organizations you have fostered for: \_\_\_\_\_

What type of animals have you fostered?

Dog    Puppy(ies)    Cat    Kitten(s)    Other: : \_\_\_\_\_

Have you ever cared for animals with special needs?    Yes    No

If so, please check specific situations below:

Sick    Injured    Post-surgery    Newborn    Nursing mothers  
Shy    Behavior challenges    Other: \_\_\_\_\_

**Which animals are you interested in fostering?** (Please check all that apply)

- Mother cat with kitten(s)
- Neonatal (bottle-feeding) kitten(s)
- Kitten(s) eating on their own
- Adult cat
- Adult cat with medical needs
- Mother dog with pup(s)
- Neonatal (bottle-feeding) pup(s)
- Pup(s) eating on their own
- Adult dog – large
- Adult dog – small
- Adult dog with medical needs – large
- Adult dog with medical needs – small
- Adult animals with behavioral challenges

**Why are you interested in fostering animals for BEBHS?** \_\_\_\_\_

How did you hear about our Foster Care Program?

Friend    BEBHS Volunteer    BEBHS Foster    Website    Other: \_\_\_\_\_

*The Berkeley-East Bay Humane Society (BEBHS) reserves the right to refuse or deny any foster application. Foster parents are responsible for providing TLC and daily care, feeding, and administration of any necessary medications during the agreed foster period. The BEBHS is responsible for providing food, veterinary care and supplies. If the foster parent decides to buy food or supplies on their own, or seek medical treatment at a non-authorized clinic, the foster parent will be personally liable for any costs or fees incurred. The Foster Agreement will be more fully discussed during the interview with the Foster Care Coordinator and during foster care training.*

*By signing below, you certify that the above information is true and correct and agree to abide by the terms of this application.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form:

By fax: (510) 845-8235

By mail: Foster Care Program c/o BEBHS, 2700 Ninth Street, Berkeley CA 94710

By email: foster@berkeleyhumane.org