

**Sanilac County Humane Society**  
**3847 W Sheldon ST, PO Box 27, Carsonville MI 48419**  
**810-657-8962 FAX: 810-657-9308**

Email: [societypets@att.net](mailto:societypets@att.net) Website: [SanilacCountyHumaneSociety.org](http://SanilacCountyHumaneSociety.org)



Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c)

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

Number of Adults: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you consent to the **mandatory** home check with all household members present?  Yes  No

1. This pet will be *without* human contact for approximately \_\_\_\_\_ hours a week.
2. Where do you live? HOUSE  APARTMENT  RENT  OWN  WITH PARENTS   
 Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Do you have a yard? NO  YES  - if yes, is it fenced in? height & type: \_\_\_\_\_
4. Will you have consistent and reliable transportation? YES  NO
5. Please list your current pets.

NAME	TYPE/BREED	KEPT WHERE	AGE	NEUTERED	SEX	STILL OWN
				Y <input type="checkbox"/> N <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

6. Who is/was your veterinarian for the above animals?  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

7. What breeds/types of pets have you owned/fostered in the past? Not included in the list above?

BREED/TYPE

8. Have any animals in your home ever been diagnosed with a serious contagious disease like Parvo?  
 NO  YES  - if yes, when and what disease? : \_\_\_\_\_
9. Have you fostered before? YES  NO  If yes, with what organization? \_\_\_\_\_

10. What types of pets are you interested in fostering? *Check all that apply*

DOGS		CATS	
Large Dogs 50lbs +	<input type="checkbox"/>	Adult Cats	<input type="checkbox"/>
Medium Dogs 25 to 50lbs	<input type="checkbox"/>	Kittens	<input type="checkbox"/>
Small Dogs under 25lbs	<input type="checkbox"/>	Senior Cats	<input type="checkbox"/>
Puppies	<input type="checkbox"/>	Mom & Kittens	<input type="checkbox"/>
Mom & Puppies	<input type="checkbox"/>	Pregnant Cats	<input type="checkbox"/>
Senior Dogs	<input type="checkbox"/>	FIV Cats	<input type="checkbox"/>
Pregnant Dogs	<input type="checkbox"/>		

Do you have any questions or concerns about fostering?

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By signing below, I certify that the information I have given is true and that I recognize that any misrepresentations of the facts may result in my losing privilege of fostering a pet from the Sanilac County Humane Society. I authorize investigation of all statements on this application.

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

**By signing this application, I give my full consent to Sanilac County Humane Society to receive all information from my veterinarian that they have on file about all of my animals.**  
**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. MAKE SURE YOU ANSWER ALL QUESTIONS AND SIGN APPLICATION.**

**FAX or email completed form to:**  
**Foster Program Director (810) 657-9308 (FAX)**  
**SocietyPets@att.net**

