



1820 PRINCETON ROAD * HAMILTON, OHIO 45011 * 513-867-5727 FAX 513-887-3525
animalfriendshs@bcchio.gov * www.animalfriendshs.org

Canine Foster Care Application

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Foster preference? Check all that apply.

- ☐ 100+ Days in shelter pups: Pets that have been at our shelter longest
- ☐ Socialization needs: Shy/Timid pets needing a calm, patient home
- ☐ Behavioral Needs: Pets undergoing Behavior Modifications
- ☐ Medical Needs: Pets with medical conditions
- ☐ All other dogs! Size/Age preference: _____

Please detail any experience you have had modifying behavior: _____

Have you fostered animals before? ☐ Yes ☐ No

What pets do you currently have? ☐ Cats ☐ Dogs ☐ Other ☐ None

Are your pets spayed/neutered and current on vaccines? ☐ Yes ☐ No

Are you able to keep the foster animals separate from your personal pets if necessary? ☐ Yes ☐ No

Are there children in the home/visiting frequently? ☐ Yes ☐ No Ages: _____

Are you willing to assume the risks and responsibilities that come with fostering? ☐ Yes ☐ No

I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent.

Signature: _____ Date: _____

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A 501c (3) organization

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