



## Foster Home Application

Please fill out completely (items left blank/omissions will delay processing). Physical signature required. Return application by fax to 414-939-8705, by mail to Milwaukee Pets Alive, P.O. Box 370137, Milwaukee, WI 53237, or scan and email back (we cannot accept photos of the application) to [foster@milwaukeepetsalive.org](mailto:foster@milwaukeepetsalive.org).

Application Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_  
Full names and dates of birth of all adults living in household: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Living Environment: \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Own \_\_\_\_\_ Rent

Landlord Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

How long have you lived in your current residence?: \_\_\_\_\_

Do you have plans to move from this residence?: \_\_\_\_\_ If so, when?: \_\_\_\_\_

Number of Adults in household: \_\_\_\_\_ All in agreement to foster? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of children in the household: \_\_\_\_\_ Ages: \_\_\_\_\_

Has anyone in the household experienced allergies or asthma? \_\_\_\_\_

Does anyone in the household smoke inside the home? \_\_\_\_\_

Do you have plants in your home? If so, list all here: \_\_\_\_\_

**Animal Type(s) You're Willing to Foster (check all that apply):** \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ Small Animal

\_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Small \_\_\_\_\_ Large \_\_\_\_\_ Puppies \_\_\_\_\_ Kittens \_\_\_\_\_ Adults

\_\_\_\_\_ Geriatric \_\_\_\_\_ Age Does Not Matter \_\_\_\_\_ Guinea Pigs \_\_\_\_\_ Hamsters \_\_\_\_\_ Rabbits \_\_\_\_\_ Ferrets

\_\_\_\_\_ Birds \_\_\_\_\_ Mice \_\_\_\_\_ Rats \_\_\_\_\_ Ducks \_\_\_\_\_ Chickens

Do you have a fenced yard (for dogs only)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where would your foster animal be when you're home? \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_ Both

Where would your foster animal be when you're not home? \_\_\_\_\_ Inside \_\_\_\_\_ Crate \_\_\_\_\_ Outside

Would you foster an animal with special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you foster: \_\_\_\_\_ Litters: \_\_\_\_\_ With Mother \_\_\_\_\_ Without Mother  
\_\_\_\_\_ Unweaned Kittens (Bottle Babies - must be fed every 4 hours)  
\_\_\_\_\_ Undersocialized Cats or Kittens  
\_\_\_\_\_ Hospice Animals  
\_\_\_\_\_ Medical Needs  
\_\_\_\_\_ Behavioral Issue(s)

## Please List the Companion Animals Currently in Your Household

### DOGS

Name	Breed	Sex (S/N)	Age	Indoor/Outdoor

### CATS

Name	Breed	Sex (S/N)	Age	Indoor/Outdoor/Declawed

### OTHER

Name	Breed	Sex (S/N)	Age	Indoor/Outdoor

## Please List Your History with Previous Companion Animals

Animal Type	Breed	How Long Ago?	What Happened?

### Veterinarian Information

Who is your veterinarian?: \_\_\_\_\_

What is the name of the clinic?: \_\_\_\_\_

What is your veterinarian's phone number?: \_\_\_\_\_

Are your animal's medical records under your name? If not, what name are they listed under?  
\_\_\_\_\_

Are your animals current on vaccinations? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Dog(s): On Heartworm Preventative? \_\_\_ Yes \_\_\_ No

Dog(s): Bordetella Vaccination? \_\_\_ Yes \_\_\_ No

Dog(s) & Cat(s): On Flea/Tick Treatment? \_\_\_ Yes \_\_\_ No Brand: \_\_\_\_\_

Cat(s): Feline Leukemia Vaccination? \_\_\_ Yes \_\_\_ No

Cat(s): FeLV/FIV Tested? \_\_\_ Yes \_\_\_ No

FIV test Date: \_\_\_\_\_ Result: \_\_\_\_\_

FelV test Date: \_\_\_\_\_ Result: \_\_\_\_\_

**How long are you able to commit to each foster animal?:**

- |                                        |                                            |
|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Until Adopted | <input type="checkbox"/> 24 Hours          |
| <input type="checkbox"/> One Week      | <input type="checkbox"/> One-Two Weeks     |
| <input type="checkbox"/> Two-Six Weeks | <input type="checkbox"/> Three Months      |
| <input type="checkbox"/> Six Months    | <input type="checkbox"/> Until Date: _____ |

**How many hours a day would your foster animal be home alone?**

- |                                            |                                                 |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> More Than 9 Hours | <input type="checkbox"/> Four-Eight Hours       |
| <input type="checkbox"/> Two-Three Hours   | <input type="checkbox"/> Someone is Always Home |

**How much are you able to contribute to the financial expense of your foster?**

- |                                                                        |                                      |
|------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Whatever it Takes                             | <input type="checkbox"/> \$100-\$250 |
| <input type="checkbox"/> \$50-\$100                                    | <input type="checkbox"/> \$1-\$50    |
| <input type="checkbox"/> \$0, All I Can Contribute is a Temporary Home |                                      |

**Can you provide the following for your foster?**

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Litter |
|-------------------------------|---------------------------------|

**Can you provide transportation for your foster?**

- |                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Vet Appointments | <input type="checkbox"/> Training Sessions |
|-------------------------------------------|--------------------------------------------|

**Have you ever fostered before?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**If so, for which rescue organization?**

\_\_\_\_\_ **When was the last time?** \_\_\_\_\_

**Do you currently have any fosters?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Do you object to a Milwaukee Pets Alive representative coming to your home to check on the foster animal while it is in your care?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**How did you hear about us?:** \_\_\_\_\_

**Why are you interested in fostering?:** \_\_\_\_\_

**Please list any requests/situations that need to be considered:** \_\_\_\_\_

**References (Please list 3, including at least one reference that is professional, educational, or volunteer-related)**

Name	Phone Number	Relationship

**Milwaukee Area Domestic Animal Control Commission mandates disclosure of any current citations or convictions of federal, state, or municipal animal codes. By executing this document you affirm that you do not have any pending citations or past convictions of federal, state or local animal ordinances. If you do have pending citations or past convictions of animal ordinances or laws, please list below:**

\_\_\_\_\_

By agreeing to foster in partnership with Milwaukee Pets Alive, I agree to the following:

### **General Guidelines**

I agree to abide by all rules, guidelines, and instructions set forth by Milwaukee Pets Alive in regards to my fostering relationship and the foster animals bestowed in my care.

### **Home Environment**

Milwaukee Pets Alive places our foster animals in homes that suit their special needs and considerations. Foster Caregiver agrees to maintain the conditions and environment for which we matched a foster animal to and agrees not to add roommates, housemates, or new animals throughout the duration of fostering a Milwaukee Pets Alive animal that were not already present at the residence and listed on this application when that foster animal was placed in the Foster Caregiver's home.

### **Pet's Health and Disposition**

Milwaukee Pets Alive cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Resident pets will be current on all vaccines or can supply proof of protection through titer and foster animals will be kept isolated from resident pets for a minimum of 7 (10-14 for cats) days for the protection of all animals. I agree to be fully responsible for the safety and well being of the foster animal. I will provide a safe, loving, humane environment with adequate food, water, and shelter at all times. I will not declaw, crop ears, or crop tail of fostered animal. I will adhere to all state and local animal laws. I will promptly notify Milwaukee Pets Alive of any signs of illness, behavioral issues or concerns, an inability to continue to foster, if the animal becomes lost, and/or if the animal bites someone.

For the health and safety of Milwaukee Pets Alive foster animals in my care, I am aware I cannot simultaneously foster an animal for another organization or individual while fostering an animal for Milwaukee Pets Alive. I am aware I cannot have animal visitors in my home while fostering a Milwaukee Pets Alive animal.

All Milwaukee Pets Alive foster cats must be strictly indoor-only. All resident cats in homes where Milwaukee Pets Alive cats are being fostered must also be strictly indoor-only. All resident dogs must be on year round flea and tick preventatives.

### **Transfer of Animals**

Milwaukee Pets Alive animals cannot be transferred to the custody of another person, shelter, humane society, SPCA, or other entity without prior consent and permission of Milwaukee Pets Alive. I agree to not place this animal in another home without the written or verbal authorization from Milwaukee Pets Alive whether it be temporary or permanent.

### **Return of Animals**

All the animals in the Milwaukee Pets Alive foster program are the property of Milwaukee Pets Alive and must be returned within 24 hours of request. I agree that I am fostering this animal for Milwaukee Pets Alive and that I do not have any right of ownership over my foster animal. I further agree that Milwaukee Pets Alive's rights in and to my foster animal are superior to mine. I agree to provide the Milwaukee Pets Alive Authorized Representative, or his/her designate access to my home and property to check on my foster animal at any time while I am in possession of my foster animal.

### **Personal or Property Damage and/or Injury**

I agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect Milwaukee Pets Alive from any claim or suit filed by someone as a result of such incident.

In addition, Milwaukee Pets Alive will not be responsible if my foster animal should damage or destroy property belonging to Foster Caregiver, Foster Caregiver's household, or others, or if the animal shall transfer any disease, internal or external parasites, to other animals and people in Foster Caregiver's household.

I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster home caregiver and Milwaukee Pets Alive. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with Milwaukee Pets Alive.

### **Accuracy of Information**

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the Milwaukee Pets Alive Foster Care Program.

I agree that a representative of Milwaukee Pets Alive may contact my veterinarian to confirm the information provided herein regarding my pets and I consent to the release of such veterinarian information by my veterinarian to Milwaukee Pets Alive.

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

**Print Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State** \_\_\_\_\_

**I am at least 18 years old:** \_\_\_\_ Yes