



BULVERDE AREA HUMANE SOCIETY

3563 Kingsnake Road

P.O. Box 50

Bulverde, Texas 78163

(830) 980-2247 Email: BAHShelter@yahoo.com www.BulverdeShelter.com

FOSTER CARE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

AGE: _____ EMAIL ADDRESS: _____

REASON FOR WANTING TO VOLUNTEER AS A FOSTER PARENT/FAMILY: _____

DO YOU LIVE IN A HOUSE, OR AN APARTMENT: _____

NUMBER OF RESIDENTS IN YOUR HOME: _____ AGES OF CHILDREN: _____

NUMBER OF PETS YOU CURRENTLY HAVE: DOGS _____ CATS _____ OTHER _____

DOG FOSTERS, IS YARD FENCED?: Yes ___ No ___ HEIGHT OF FENCE: _____ FENCING MATERIAL: _____

ARE YOUR PETS CURRENT ON THEIR VACCINATIONS: _____

NAME AND PHONE NUMBER OF THE VETERINARIAN YOU TAKE YOUR PETS TO FOR TREATMENT: _____

WHAT TYPE OF PETS WOULD YOU BE WILLING TO FOSTER?:

- | | |
|--|---|
| <input type="checkbox"/> Kittens | <input type="checkbox"/> Puppies |
| <input type="checkbox"/> Mother cat with Kittens | <input type="checkbox"/> Mother dog with puppies |
| <input type="checkbox"/> Animals with Temporary Injuries | <input type="checkbox"/> Other animals in need of loving care |
| <input type="checkbox"/> Animals on medications | |

WHERE WOULD YOU HOUSE THE FOSTER PETS?: _____

WOULD YOU BE WILLING TO BOTTLE FEED YOUR FOSTER PETS?: _____

(Foster newborns less than 4 weeks old without a mother require bottle-feeding)

HOW LONG WOULD YOU BE WILLING TO BE A FOSTER PARENT/FAMILY FOR? _____

HOW MANY HOURS A DAY WOULD THE FOSTER PETS BE LEFT ALONE DURING THE DAY? _____

*Thank you for your interest in the Bulverde Area Humane Society Foster Program.
Our Foster Care Coordinator will review your application and contact you by phone.*

Revised March 2015