

Winona Area Humane Society
1112 East Broadway, Winona, MN 55987
507-452-3135 wahs@hbci.com

FOSTER HOME APPLICATION



*Must be 21 and older to apply

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Today's Date _____

*Photocopy of Driver's License is required. Submitted: (Circle) Yes No

Type of Residence: _____House _____Duplex _____Apartment _____Condo _____Mobile Home

Do you: _____Rent (Fill out Landlord Verification form) _____Own _____Live with homeowner

Name of Landlord/Homeowner: _____ Phone: _____

Number of Adults in Household: _____ Children: _____ Children's age(s): _____

How many rooms are in your home? _____ Do you have a separate room for foster animals? Y / N

Name of the Veterinary Clinic that has cared for you pets: _____

Owner's Name listed on account at Veterinary Clinic: _____

What Pets have you previously owned? What pets do you currently own? Answer in chart below:

Pet's Name:	Breed:	Age:	Gender: (Circle)	Neuter/Spay (Circle)	Still Own?
			M / F	Yes / No	
			M / F	Yes / No	
			M / F	Yes / No	
			M / F	Yes / No	
			M / F	Yes / No	

If not spayed or neutered, please explain: _____

Are all of your animals up-to-date on the Rabies Vaccine? (Circle) Yes / No

If you currently own any cats:

Have they been tested for FelV? (Circle) Yes / No

Are any of them declawed? (Circle) Yes / No

What Types of Animals are you interested in fostering?

- Puppies
- Adult Dog
- Kittens
- Adult Cat

What kind of foster care can you provide? (Check any that apply)

Cat(s) / Kitten(s)

- Bottle Feeding Kittens
- Moms with litters
- Orphaned litters
- Senior care
- Behavior Rehabilitation (Shy Cats)
- Recovery from sickness/illness

Dog(s) / Puppy(ies)

- Bottle Feeding puppies
- Moms with litters
- Orphaned litters
- Senior Care
- Behavior Rehabilitation and Training
- Recovery from sickness/illness

I certify that the above information is accurate. I understand that to misrepresent any information grants the Winona Area Humane Society the authority to refuse approval for Foster Home Status. I authorize investigation into all previous statements:

Signature _____