



FOSTER CARE APPLICATION
BULVERDE AREA HUMANE SOCIETY
P.O. BOX 50, BULVERDE, TEXAS 78163
830-980-2247
BAHShelter@yahoo.com
www.bulverdeareahumanesociety.com

Date: _____ How did you learn about BAHS? _____

Applicant name: _____

Address: _____

City & State: _____ Zip: _____ Email: _____

Phone: _____ Phone: _____

Emergency contact: _____ Phone: _____

How many people live in your home? _____ Are any children under the age of 18? Yes
 No

List the ages of everyone under age 18: _____

Anyone in the home have pet allergies? Yes No Does everyone in the home agree to fostering a pet? Yes
 No No

Why would you like to foster? _____

Employment status: Retired Full-time Part-time Student Work from home

Where do you live? House Apartment Townhouse/Condo Mobile home

Does your home have a fenced yard? Yes No What type and height? _____

Do you own, rent, or live with a relative/friend? _____

If renting or living with someone else, provide name and telephone number for landlord or person you are living with.

Name: _____ Phone: _____

Do you have any pets at home? Yes No What kind and how many? _____

What pets are you interested in fostering? Cats Kittens Mother cat with kittens Other

Dogs Puppies Mother dog with puppies Animals with injuries Animals on medications

Where will the foster pets live / be housed? _____

Are you able and willing to bottle feed foster pets? _____ How long can you foster for? _____
(Foster newborns less than 4 weeks old without a mother require bottle-feeding.)

How many hours a day will the pet be left alone during the day? _____



Addendum to Foster Care Application - please initial and sign

By becoming a foster care parent, I agree to the following terms and conditions:

1. ____ I will treat my foster care animal with love and respect at all times.
2. ____ I will keep my BAHS contact representative advised, on a weekly basis, the status of my foster care animal. These updates can be by email, phone or text and can be as short or as long as I like. It is understood that videos and photos can also be sent and are encouraged.
3. ____ I will contact my BAHS representative immediately of any change in the health condition of my foster care animal. If emergency care is needed, approval should be obtained from the BAHS representative before proceeding. I understand that BAHS has certain veterinarians that work with the Shelter, and the animal should be taken to a Shelter veterinarian if at all possible. If the foster care animal is taken to my personal veterinarian and any medicine purchased without prior approval, BAHS will not reimburse the expenses.
4. ____ If applicable, should problems arise with the administration of medications or other medical treatments to be provided by me, I agree to contact by BAHS representative immediately for additional instructions or advice.
5. ____ I understand that should my foster care animal escape from my control, either at my home or otherwise, I will immediately contact my BAHS representative and advise her of the situation.
6. ____ In the unfortunate event a foster care animal should die in my care, I agree to notify BAHS immediately and humanely contain the animal until such time as it can be returned to the Shelter or be picked up by a Shelter representative.
7. ____ For the protection of my own animal(s) and my BAHS foster care animal(s), I agree to contain and house my foster care animal(s) in a separate area in my home away from my own animal(s). I understand that a foster care animal could bring into my house an illness or disease that might be contagious to my own animals and therefore the need to keep them separated is essential. I understand there is also a potential for injury should the two interact and so is another reason for keeping them separated. In the event injury or illness should occur between my animal(s) and the BAHS foster care animal(s), I understand and agree that BAHS will not be responsible for any veterinary and/or medical expenses that I might incur on behalf of my animal(s) as a result of the incident.
8. ____ It is understood and agreed that BAHS is not responsible for any damage to my personal property caused by my foster care animal(s). I also understand BAHS is not responsible for any physical injuries caused by my foster care animal(s).
9. ____ I understand that my foster care animal is the property of BAHS and is owned by BAHS and that I am the caregiver for the animal for a limited time only. If at any time it should be deemed by BAHS that the animal needs to be returned, I will return it immediately.
10. ____ I will keep my contact information current with BAHS at all times so that my BAHS representative can contact if necessary.

By signing below, I certify that I have read and understood the adoption requirements and any questions have been satisfactorily answered by a BAHS Adoption Counselor.

Name of Adopter (Please Print): _____

Adopter signature: _____ Date: _____

BAHS Foster Coordinator: _____ Date: _____