



**MASSACHUSETTS HUMANE SOCIETY INC., ANIMAL SHELTER**  
**445 North Franklin Street, First Floor**  
**HOLBROOK, MA 02343 – 781-335-1300**

**\*\*\*OPEN YOUR DOORS \*\*\*FOSTER CARE HOME PROVIDER\*\*\***

**SCREENING APPLICATION**

**Steps to Becoming a Foster Care Volunteer:**

1. Please **sign** and **mail** to: [Massachusetts Humane Society, 445 North Franklin St, Holbrook, MA 02343](mailto:Massachusetts Humane Society, 445 North Franklin St, Holbrook, MA 02343)
2. Meet with one of the Foster Care Coordinators to learn more about what is needed.
3. Please use care in completing this form, as it will help your ability to provide foster care to one of Massachusetts Humane Society animals. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the screening process.

Today's Date: \_\_\_\_\_

**Foster Care Profile**

Name: _____	Are you 21 or older? ___ Yes ___ No Your Age: _____
Street Address: _____	E-mail Address: _____
City, State, Zip: _____	Home Telephone: _____
Daytime Telephone: _____	Work Phone Number: _____
Who else lives in your household?	
Name _____	Age _____ Relationship _____
Name _____	Age _____ Relationship _____
Name _____	Age _____ Relationship _____
Name _____	Age _____ Relationship _____

**PLACE OF RESIDENCE:**

Where do you live? \_\_\_ Own \_\_\_ Rent \_\_\_ Live with parents \_\_\_ Apartment \_\_\_ Studio \_\_\_ Duplex \_\_\_ Other. **Can you show proof of ownership of the house? Via – tax bill, water bill.** \_\_\_\_\_

**Page 2**

If you rent, are animals allowed in your place of residence? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

How many hours a day will the animal be left unattended? \_\_\_\_\_

How long will you be able to house an animal? \_\_\_\_\_

Do you currently have any pets? If yes, please list below (add pages if needed):

Name	Breed	Age
_____		

Vet's Name \_\_\_\_\_

Phone # \_\_\_\_\_

If you own cat (s), are they up to date on vaccinations and spayed/neutered? \_\_\_\_ Yes \_\_\_\_ No  
Combo tested NEGATIVE for Leukemia and FIV? \_\_\_\_ Yes \_\_\_\_ No  
Will you keep the foster cat (s) indoors only? \_\_\_\_\_

If you own dog (s), are they up to date on vaccinations and spayed/neutered? \_\_\_\_ Yes \_\_\_\_ No  
Tested for HW/Lyme? \_\_\_\_\_ Is your yard fenced in? \_\_\_\_ Yes \_\_\_\_ No  
If fenced in, what kind of fence and how high is the fence? \_\_\_\_\_  
If not fenced in, how will the dog (s) get exercise on a daily base? \_\_\_\_\_  
Will you walk the dog (s) on a daily base? \_\_\_\_\_. If so, for how long? \_\_\_\_\_.

Would you be able to keep your animals and foster pets separated? \_\_\_\_ Yes \_\_\_\_ No  
If No, what are you plans to keep them isolated?  
\_\_\_\_\_  
\_\_\_\_\_

Would you allow a member of MASSACHUSETTS HUMANE SOCIETY to do to a home inspection? \_\_\_\_ Yes \_\_\_\_ No

Is Your Home Smoke Free ? Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

**Please list two references: No Family**

Name:	Relationship:
Daytime Telephone:	Evening Telephone:
Name:	Relationship:
Daytime Telephone:	Evening Telephone:

**Skills and Experience**

Have you had any formal education/training in pet care or animal welfare?		
Where:	When:	Type of education/training:

Have you done any other volunteer work?		
Where:	When:	Type of work performed:

What are you Hobbies and Interests and Activities? \_\_\_\_\_

Additional comments: \_\_\_\_\_

**RELEASE TERMS:**

**\*\*\* READ CAREFULLY \*\***

If accepted as a Massachusetts Humane Society Foster Care Volunteer, you agree to follow the conditions of any foster placements. You also agree that Massachusetts Humane Society, its officers, directors, and volunteers are not responsible for, and you release them from liability for, any losses, injuries, or damages that you may incur by participating in the Foster Care Program. You agree to indemnify Massachusetts Humane Society, its officers, directors and volunteers for any damages and expenses they may incur in defending any claim by a third party as a result of your actions or inactions as a Foster Care Volunteer or of a foster animal while in your care. You must agree that this animal will NEVER, EVER be let outside, if so, the animal will be returned back to the Massachusetts Humane Society IMMEDIATELY. If the animal becomes sick, you must call Joanne immediately at 781-331-3915 and do not take the animal to your own vet without contacting Massachusetts Humane Society. You understand that the animal is the property of Massachusetts Humane Society (kitten, cat, senior cat, dog, puppy, senior dog, other animal) and that this is a temporary shelter care, you are only providing a foster home until the animal can be adopted out by Massachusetts Humane Society. I understand a member of Massachusetts Humane Society may do a home check-in at my house and a phone check-in on this animal at any given time at their discretion.

**THIS CONTRACT APPLICATION IS LEGAL AND BINDING.**

**Applicant's Signature:**

Date: \_\_\_\_\_

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

**BY SIGNING ABOVE, I HAVE READ THE ABOVE AND AGREE TO THE TERMS, CONDITIONS AND POLICIES.**

**Massachusetts Humane Society, Inc., wants to THANK YOU VERY MUCH**  
**For opening your doors, in helping to Foster Care !!**  
**For ALL the homeless/abused/mistreated/neglected Animals!!**