



PO BOX 213
HURRICANE, UT 84737
www.BAMutah.com
435.773.5209

OFFICE USE ONLY	
Date Received:	Date Interviewed:
by BAM Representative:	
Approved/Denied:	
Additional Notes:	

FOSTER HOME APPLICATION

Name: _____ Spouse's Name: _____

Occupation: _____ Spouse's Occupation: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____, Relationship: _____

1. Do you rent/lease or own? (circle one)

Name of complex and/or association as applicable: _____

Name and phone number of landlord/owner/manager: _____

Pet Policy/Limit: _____ How long have you lived at this address?: _____

2. How many adults reside in the household?: _____ How many children?: _____ Ages of all: _____

3. Are you willing to allow a BAM representative to visit your home for an inspection?: Yes____ No____

4. Have you ever been convicted of or charged with animal cruelty, neglect or abandonment?: Yes____ No____

If "Yes," please give the details of the situation/charges: _____

5. Does everyone in your home understand and accept the responsibilities of fostering pets?: Yes_____ No_____

6. Do you have any medical condition, i.e. compromised immune system or pregnancy, that may preclude your involvement with animals that may be carrying communicable diseases?: Yes_____ No_____

7. Do you currently volunteer or foster for any other pet rescue or animal shelter?: Yes_____ No_____ If "Yes," please specify which organization(s): _____

8. Information about any current pet(s): (list additional pets on the back of sheet if necessary) Sex: Altered:
Name: _____ Age: _____ Breed(s): _____ M or F Yes or No
Name: _____ Age: _____ Breed(s): _____ M or F Yes or No
Name: _____ Age: _____ Breed(s): _____ M or F Yes or No

9. Will anyone be home during the day?: Yes_____ No_____ Who?: _____

Length of time foster pet(s) would be left alone during the day: _____

10. Where will any foster pet(s) be kept when left alone?: _____

11. Has anyone in your household ever had allergies to animals?: Yes_____ No_____

If "Yes", please specify who and if a particular species or breed was involved: _____

12. Please provide us with a brief history of the pets you have shared your home with in the past 10 years. Include species/breed, age the pet was when it came to live with you (infant/adult/senior will suffice), and how long you had the pet. *Current pets should already be listed above.* _____

13. Please circle all applicable situations describing how your past pets have left your home:

Died due to old age	Lost	Hit by vehicle
Died due to illness	Given away	Given to a shelter or rescue

14. Please check which pet types you have the desire, experience/knowledge and space to foster:

Adult Dog , Puppies , Hospice Dog How Many? _____ Adult Cat , Kittens , Hospice Cat How Many? _____

Exotics or Livestock Please specify species: _____

Please read and initial that you understand and agree to the following statements:

- A. I hereby release BAM, its officers, directors, participants, volunteers and/or affiliate(s) from any and all claims, actions, liabilities, damages, and costs of any kind arising out of transportation, fostering or any other work or activity connected with BAM or with any volunteer work with any animals at any shelters. _____
- B. Should the foster pet(s) become ill while in my care, I agree to call BAM at 435-773-5209 or a designated representative. _____
- C. Medical treatments and vaccinations required for the foster pet(s) in my care will be provided by BAM. Appointments will be made at a BAM-approved veterinary clinic. I understand it may be necessary for me to arrange transportation to/from such appointments. _____
- D. I understand that pets entering foster care may have been neglected or abused before entering BAM's care and may require patience, space, extra attention, training, etc. to improve their adoptability. I will follow the direction of the Foster Care Coordinator and/or any designated representative of BAM to maintain or improve the quality of life of the foster pet(s) I bring into my home. _____
- E. I fully understand that foster pets belong to BAM. I understand and agree to follow any decision made by either the Foster Care Coordinator and/or the Board of Directors regarding the care and placement of the foster pet(s). _____
- F. I agree to return the foster pet(s) to BAM as instructed by the Foster Care Coordinator and/or the Board of Directors should such an instance arise. _____
- G. I fully understand that the length of time which a foster pet may be in my care is out of my control and I knowingly make the commitment to support the pet(s) placed in my home until such time as each pet is adopted or otherwise leaves my care. _____

I agree that all the information which I have given Because Animals Matter (BAM) is correct as written/told. I also have read, understand, and agree with previous initialed statements.

Signature of Applicant

Date