



ACHS Foster Volunteer Application

Please complete return this form to ACHS, P.O. Box 765, Athens OH 45701, or scan and e-mail it to volunteer@athenshumane.org.

Your Name _____

Spouse/Partner Name _____

County of Residence _____

Address _____

City _____ ZIP Code _____

Home Phone _____ Cell Phone _____

E-mail: _____

Employer _____

Job Title _____ Work Telephone _____

During the week, what hours are you typically at home? _____

How many cats (from the same household) would you feel comfortable fostering at one time?

Where will the cat spend time during the day? At night? _____

How many people live in your home? _____

How old are they? _____

Does anyone in your house have allergies or asthma? Y N

Please list all your current pets by type (cat, dog, etc.), whether their shots are up to date and if they are spayed or neutered. _____

Name and Phone # of Veterinarian _____

Will foster pet/s be separate from other pets? _____

Do you have a time limit you are willing to foster a pet/s? _____

Have you fostered a pet before? If so, what was your experience? _____

Is your home a: single-family house condo apartment residence hall farm

If you rent, name and phone # of Landlord _____

Are pets allowed? Y N