

Nevada Humane Society

Foster Care Application

This form is to help us help you find the best match for you and the animals in need of foster care.

To foster a pet you:

- Need to show current identification showing present address.
- Must be at least 18 years of age.

Your name: _____

Address: _____

City, State, Zip Code: _____

Phone #s with area codes: Home: _____

Work: _____ Cell: _____

E-mail address: _____

Which pets are you willing to foster? (Please check all that apply)

Adult cat(s) _____ Adult dog(s) _____ Kittens _____ Puppies _____

Mom cat with litter _____ Mom Dog with litter _____ Kittens who need bottle feeding _____

Puppies who need bottle feeding _____ Special needs dog(s) _____ Special needs cat(s) _____

_____ Birds _____ Small animals _____ Reptiles _____ Horses _____ Farm animals

Home life

How many pets do you have presently? _____ Dogs _____ Cats _____ Others, please list here: _____

Do you live in: _____ Apartment _____ House _____ Mobile Home _____ Other: _____

How long have you been at your current address? _____

Do you rent or own your home? _____

How would you describe your household _____ Active _____ Quiet _____ Other _____

Do you have a place in your home where the animals can be kept isolated from family pets (this may be a room within your home) _____ Yes _____ No. If yes, please describe the location(s):

Name(s) of other adult(s) in the household _____

Do you have any children living in your home? _____ Yes _____ No.

If yes, please list their names and ages: _____

Current pets

Name	type of animal	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
_____					Yes ___ No ___
_____					Yes ___ No ___
_____					Yes ___ No ___

If you have more pets, please continue on the back.

Do your pets have their vaccinations? ___ Yes ___ No

How often do they go the veterinarian? _____

Are any of your cats declawed? ___ Yes ___ No If yes, please share the reasons you decided to declaw the cats(s) _____

Past Pets

If you ever lost a pet due to accident or illness, please describe what happened: _____

Have you ever had a dog in your home that was diagnosed with Parvo? Yes ___ No ___

If yes, when? _____ Describe circumstances: _____

Have you ever had a cat in your home that was diagnosed with Panleukopenia? Yes ___ No ___

If yes, when? _____ Describe circumstances: _____

Do you currently have a cat in your home that is diagnosed with FIV or Feline Leukemia?

FIV? Yes ___ No ___ Feline Leukemia? Yes ___ No ___

If yes, describe circumstances: _____

Veterinary care

Name & phone number of your veterinarian: _____

By signing this form, I acknowledge that all information on this form is true and correct.

Signature: _____ Date: _____