

# 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: \_\_\_\_\_