



Humane Society of Calloway County

P. O. Box 764, Murray, KY 42071
(270) 759-1884

humanesociety@murray-ky.net

www.forthepets.org

FOSTER CARE APPLICATION

Thank you for applying to be a pet foster for the Humane Society of Calloway County. Completing this application will help us know which types of pets will fit into your household and family. We appreciate you wanting to help these pets by opening your heart and home and making it possible for the pets to have a forever home of their own.

Date: _____

I am interested in fostering:

Bottle-Feeding Kittens _____ Kittens _____ Puppies _____ Pregnant Cat _____ or Dog _____

Adult Cat _____ Declawed Cat Only _____ Adult Dog _____ Military Cat _____ or Dog _____

Horse _____ Birds _____ Poultry _____ Reptiles _____ Small Furrries (rabbits/gerbils...) _____

Foster Parent's Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Employer's Company Name: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

1) **Are you a part of any animal organization?** Yes No
If Yes, Which one: _____

2) **Why would you like to foster?** _____

3) **Do you live in a:** Condo/Townhouse [] Apt. [] Duplex []
Trailer/Mobile Home [] House []

4) **Do you:** Rent/Lease [] Own [] Live with family/friends []
If you rent, do you have landlord permission to have a pet? YES NO
If you live with family/friends, are they agreeable to fostering? YES NO
Name and phone # of landlord or owner: _____
PET POLICY: _____

5) **How many adults reside at this address?** _____ **Ages** _____
Are there **children** in your home? Yes [] No []
If yes, how many and what are their ages? _____



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6) **How long would the pet be unsupervised during the day?** _____

7) **Please list any current pets in your home:**

Type/Breed _____ Age/Sex _____ Spayed/Neutered: Yes [] No []

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Continue on back or separate sheet, if more.

What animal hospital/clinic do you (or did you) use? Vet clinic phone number?

Are your Pets Up to Date on their vaccinations? Yes [] No []

Are your Pets Up to Date on their Flea Prevention? Yes [] No []

Approximate Date and Reason of last vet visit: _____

Have any of your **cats** ever been diagnosed or passed away from feline leukemia, FIV or FIP?

Yes [] No []

Have any of your **dogs** ever been diagnosed with Parvo? Yes [] No []

Have your **pets** had Ringworm or Scabies (Mange)? Yes [] No [] When? _____

10) **Where will the foster animal(s) be when no one is home?**

Indoors [] Outdoors [] Where? _____

11) **Where will the foster animal(s) sleep?**

Indoors [] Outdoors [] Where? _____

12) **Housetraining** can sometimes be a part of Foster Parenting. Are you willing to help the animal learn to be housetrained or to put up with a few accidents? Yes No

13) **If fostering a cat**, are you willing to:

____ Provide additional litter boxes ____ Provide a scratcher (horizontal and vertical)

____ change location of litter box if needed ____ clean/scoop litter box Daily

____ keep the cat/kitten indoors ONLY

14) **If fostering a dog**, are you willing to: ____ walk the dog regularly

____ work on basic training/commands ____ teach to be crate-trained

What **type of enclosure** can you keep the **dog** in when outside:

____ no enclosure-only supervised outings to go potty or walk ____ kennel

____ chained/tied/cabled ____ fenced yard ____ no enclosure/free/live in country



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15) **If fostering something other than a dog/cat**, what type of setting do you have to keep a horse, bird, poultry, reptile or small animal? Please describe:

16) What type of experience do you have in keeping an **animal of this type**?

17) Have you ever been charged or convicted of Animal Cruelty or Neglect?

Yes [] No [] If yes, please state reasons _____

18) Have you ever engaged in the fighting of any animals (cockfighting or dogfighting)?

Yes [] No []

19) Does anyone in your home smoke? Yes [] No []
Do you smoke in or outdoors? _____

20) Are you allergy-free concerning pets? Yes [] No []

I, _____, agree that all of the information, which I have given above is correct as written and I authorize the Humane Society of Calloway County to verify any information.

Date _____ **Volunteer Signature** _____
(must be over 18 years of age)