



**Humane Society of Calloway County**

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

[humanesociety@murray-ky.net](mailto:humanesociety@murray-ky.net)

[www.forthepets.org](http://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? \_\_\_\_\_



**Humane Society of Calloway County**

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

[humanesociety@murray-ky.net](mailto:humanesociety@murray-ky.net)

[www.forthepets.org](http://www.forthepets.org)

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 [ ]

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

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

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

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

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



**Humane Society of Calloway County**

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

[humanesociety@murray-ky.net](mailto:humanesociety@murray-ky.net)

[www.forthepets.org](http://www.forthepets.org)

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)