

FOSTER APPLICATION

HUMANE SOCIETY OF SOUTHEAST MISSOURI

NAME _____

DATE OF BIRTH _____

ARE CHILDREN PRESENT, IF SO PLEASE LIST AGES _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

PHONE _____ MOBILE _____

CURRENT ANIMAL CARE INFORMATION

PET NAME	BREED	SEX	SPAYED/NEUTERED	AGE

CURRENT VETERINARIAN NAME AND PHONE NUMBER _____

AVAILABLE TO FOSTER

- LONG TERM (UNTIL A HOME, OR RESCUE IS FOUND)
- SHORT TERM (ANIMALS THAT ALREADY HAVE A FUTURE PLAN)

WHAT ARE THE ARRANGEMENTS WHEN THE ANIMALS ARE ALONE? _____

WHAT PET SUPPLIES DO YOU CURRENTLY HAVE? (CRATE, LITTER BOX, GROOMING TOOLS, ETC)

PLEASE LIST ANY FOSTER EXPERIENCE/ REFERENCES YOU HAVE

WHAT KIND OF ANIMALS ARE YOU PREPARED TO FOSTER?

- INJURED/ ILL ___ CATS ___ DOGS
- MOTHER WITH ___ KITTENS ___ PUPPIES
- LITTER OF ORPHANED ___ KITTENS ___ PUPPIES
- HEALTHY ___ CATS ___ DOGS

I GIVE PERMISSION TO THE HUMANE SOCIETY OF SOUTHEAST MISSOURI TO VERIFY ANY OF THE INFORMATION GIVEN.

FOSTER SIGNATURE

DATE