



Foster Pet Application

Name _____

Address _____

City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____

E-mail _____

What type of home do you live in? House Trailer Apartment Duplex

Do you own or rent? _____ If you rent, are pets allowed? _____

Ages of children in the household _____

I am willing to foster: Dog Cat Puppy Kitten Litter of Puppies Litter of Kittens Mom/Puppies
Mom/kittens Preference is _____

Are you comfortable in fostering animals with medical conditions? Yes/No Circle those you
would foster: Kennel Cough Demodectic Mange Sarcoptic Mange Ringworm Upper
Respiratory Heartworm (post treatment) FeLV/FIV Post surgical recovery Parvo (recovery)

Do you currently have pets ?

Dog/Cat M/F Breed _____ Age ____ S/N? ____ Name _____

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Dog/Cat M/F Breed _____ Age ____ S/N? ____ Name _____

Do you have a way to isolate your foster pet away from your current pets if needed? Yes/No

Where would your foster pet stay during the day? _____

Where would your foster pet sleep at night? _____

How many rooms do you have in your house? Number of rooms _____

(We need this information for the MO Dept of Agriculture)

Is there someone home during the day? Yes/No Is there someone home at night Yes/No

Where will your foster pet stay when you are not at home? _____

You will be required to bring your foster pet to our shelter for vaccinations, follow up exams and treatments and surgeries. This is mandatory and will definitely be required for young animals.

Puppies and kittens may need to be seen every two weeks. You will be required to have all services for which your foster pet is due performed at JHS. Are you able to bring your pet to JHS on 24 hours' notice? Yes/No

Do you have a fenced yard? Yes/No How will you exercise your foster dog? _____

My Veterinarian _____

Phone Number of clinic (____) _____

I understand that JHS reserves the right to approve or deny my foster application based on the suitability of my home and experience for the particular pet I would like to foster. I understand that JHS may require a home visit prior to my approval and consent to such. I realize that the pet that I take home may have been exposed to illness or disease, and that some illnesses or diseases may be contagious to my other pets. Some conditions (ringworm, sarcoptic mange) may also be transmissible to people. AARC/JHS will make every attempt to insure that any potential illnesses are disclosed to me; but it is possible that a pet may be incubating an illness and that the symptoms may not show until the pet is in my home. I understand that any medical or behavioral concerns MUST be brought to the attention of JHS for evaluation and treatment. I will be given specific instruction and contact numbers if my foster pet needs to be seen. If I seek independent veterinary care or behavioral modification, I am responsible for all costs incurred and must notify JHS immediately. I understand that I have no legal rights to the pet I am fostering. The foster pet is the property of the Joplin Humane Society. My signature below indicates that I understand all the condition and terms within this contract. I give permission for JHS staff to visit my premises to check on the foster pet, and if I am found to be in violation of any parts of my contract, or JHS staff determines that my residence is no longer suitable for the foster pet for any reason, I will immediately release the foster pet back to JHS staff.

Signature

Date

Received by _____

___Approved ___Declined

NOTES:

___ Homecheck