



FOSTER HOME APPLICATION

NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

How Long At Present Address? _____ Do You Rent or Own? _____

If Less Than A Year, List Previous Address: _____

Do You Live In: An Apartment? _____ A House? _____ A Townhouse/condo? _____ A Doublewide? _____ A Trailer? _____

If You Rent, Please Provide Landlord's Name & Phone # _____

Please List All Household Members: _____

Are You Employed? _____ Employed by: _____ Phone# _____

Are You 18 Years Old or Older? _____ How Many Pets Have You Had In The Past Two Years? _____

Please List Your PRESENT (Current) Pets:

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

Please List Your PREVIOUS (Past) Pets:

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

Dog _____ Cat _____ Name: _____ Indoor or Outdoor? Spay/Neutered? _____

I am willing to foster (circle all that apply)

Cats Kittens Dogs Puppies

Who Will Be The Primary Caretaker Of This Pet? _____

Where Do You Plan To Keep (House) Your Pet During The Day _____
And At Night? _____

How Many Hours Would This Pet Be Left Alone Daily? _____

How Will You Care For This Pet When You Are Not At Home (On A Daily Basis and When You Go On Vacation)? _____

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE. I UNDERSTAND IT IS SUBJECT TO VERIFICATION BY THE MOORE HUMANE SOCIETY.

WITH MY SIGNATURE, I AUTHORIZE _____ (Veterinary Hospital/Clinic) TO RELEASE MY ANIMAL(S) MEDICAL RECORDS TO MOORE HUMANE SOCIETY.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY MOORE HUMANE SOCIETY PERSONNEL

NOTES:

Vet ck _____ Landlord ck _____ Employer/Self-employed ck _____

Status of Application: _____ Manager's Signature: _____