

PARKE-VERMILLION COUNTY HUMANE SOCIETY PET ADOPTION CENTER

Mailing Address: P.O. Box 155, Clinton, IN 47842
Phone: 765-492-3540 E-mail: pvchs@joink.com

FOSTER HOME APPLICATION

Thank you for your interest in our pets needing foster care. We hope you find what you are looking for! Our animals were either strays or turned in by their owner. We will be glad to give you whatever information we know about the pet. The pets receive an exam upon admission to the shelter and their health and behavior is monitored daily.

We want the pet to be a good match for you and your family, and to be placed in a loving home. Therefore we ask that you complete this application. The foster counselor will call your veterinarian and landlord (if you have one) for a reference. Foster parents must be a minimum of 18 years old and have a driver's license showing current address. We also encourage that you bring all family members to meet the pet before fostering to ensure compatibility. (That can also include other pets.)

Please fill in the blank or mark the appropriate choice(s) for your situation:

Indicate the name of the pets you would like to foster: _____

Why do you want to be a foster parent? _____

Have you fostered a pet before? Yes _____ No _____

Pets you currently have or have had in the past **five** years:

Name of Pet	Breed / Species of Animal	Indoor or Outdoor	Spayed or Neutered?	Vaccinations Current?	Age	Still living in your home?

Do you give heartworm prevention medication to your pet(s) regularly: Yes _____ No _____

Name and phone # of your veterinarian: _____

Do you live in: House ___ Apartment ___ Condo ___ Mobile Home ___ Duplex ___ Campus Housing ___

Do you: Own your own home ___ Rent ___ Live with Family ___

Landlord's name and phone number: _____

Date:
Name of Foster parent:
Name of Pet:
Recg #:

How long have you lived at this address: _____ **OR** when is the lease up: _____

How many people live in your household: _____ Ages of the children: _____

Does anyone in the household have an allergy to animals: _____

Who will be responsible for caring for the pet: _____

Where will the pet be kept during the day: _____ At night: _____

How many hours will the pet be alone without human companionship: _____

Where will it be kept when alone: _____

Have you ever used a dog crate to confine a dog: _____

Do you have any experience house training (housebreaking) a dog: _____

What will you do if a pet soils in the house, chews furniture, or has other undesirable behavior?

How will you keep the foster pet confined to your property?

In House In Garage Fenced Yard (Height of Fence) _____
 In Kennel Screened Porch In Barn
 On Chain Leash Walked Overhead Pulley Line

By signing below, I certify that the information I have provided is correct and any misrepresentations of the facts will result in my losing my privilege of fostering or adopting an animal. I understand that this application is the property of the Parke-Vermillion County Humane Society Pet Adoption Center, and they have the right to approve or deny my request to adopt an animal.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Please indicate the name of the animal you would like to foster: _____