



Plainfield Area Humane
Society
Foster Care Application

Today's Date: _____ DOB: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Foster Home Information

Human Household Members	Age	How will they be involved in care?

Animal Household Members	Age	Breed	Sex	Date of Rabies Vaccination

Name of Vet Clinic: _____ Phone # _____

In order to be approved to foster for PAHS, all animals in your home must be vaccinated against rabies.

Please consult your veterinarian about fostering. They may recommend additional vaccinations to protect your pets.

If needed, do you have approval to have a foster pet in your home? ___ Yes ___ No

Describe where you will be keeping the foster animals, including how you will separate them from your own animals, if applicable:

Approximately how long, on an average day, will foster animals be left alone in the home (without people to monitor eating, behavior and elimination)?

Previous experience with animals:

Are you currently or have you previously fostered for any other humane organization? If so, which one?

My household is able to foster: (check all that apply)

Cats and Kittens		Dogs and Puppies	
<input type="checkbox"/>	Pregnant cat	<input type="checkbox"/>	Pregnant dog
<input type="checkbox"/>	Nursing mother cat and litter	<input type="checkbox"/>	Nursing mother dog and litter
<input type="checkbox"/>	Kittens: 0-4 weeks of age	<input type="checkbox"/>	Puppies: 0-4 weeks of age
<input type="checkbox"/>	Older kittens: 4-10 weeks of age	<input type="checkbox"/>	Older puppies: 4-10 weeks of age
<input type="checkbox"/>	Adult cat	<input type="checkbox"/>	Adult dog
<input type="checkbox"/>	Recovering from injury or surgery	<input type="checkbox"/>	Recovering from injury or surgery
<input type="checkbox"/>	On treatment for a cold	<input type="checkbox"/>	On treatment for a cold
<input type="checkbox"/>	On treatment for ringworm	<input type="checkbox"/>	On treatment for ringworm
<input type="checkbox"/>	Needing behavioral modification	<input type="checkbox"/>	Needing behavioral modification

Anything else you would like to share about yourself or your experience?

CAT ADOPTION APPLICATION

Cat's Name: _____

Please complete the following application in its entirety, and submit it to a PAHS employee for verification.

ABOUT YOU

Name: _____
Address: _____ Town _____
Phone #: _____
Place of Employment: _____
Date of Birth: _____ Driver's License #: _____

YOU'RE HOUSEHOLD

Do you rent? Yes No
Landlord/lady's name: _____
Landlord/lady's phone #: _____
How long have you lived at your present address? _____
Do you have any children living in the household? Yes No
If so, how old are they? _____
If you move in the future, would you find a residence that allows pets? Yes No

ABOUT YOU'RE ANIMALS

Do you currently have any pets? If so, please indicate how many: __ Dogs __ Cats __ other
Are they spayed or neutered? Yes No ; if no, please explain: _____
Have you ever adopted from us before? Yes No
Are you a first time pet owner? Yes No
Have you ever surrendered an animal to an animal shelter before? Yes No
If yes, please explain: _____

ABOUT YOUR NEW ANIMAL

Will your cat be: indoors , outdoors
Do you understand that (mark the checkbox to indicate "yes"):
 the adoption fee for your cat is \$150?
 the adoption of this cat requires her/him to be spayed/neutered?
 this cat can live up to, if not more than, 15 years?
 you will be responsible for the veterinary commitment that your cat will require?
 the shelter will take the animal back if you can no longer keep them.

Your veterinarian: _____
Address: _____ Phone #: _____

Please provide an additional emergency contact (friend, relative, coworker, etc.):

Name: _____
Address: _____
Phone #: _____

Signature: _____ Date: _____

-----Staff Use Only-----

Accepted Denied Comments: _____

