



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:

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

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Previous experience with animals:

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

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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?

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DOG ADOPTION APPLICATION

Dog'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 #: \_\_\_\_\_

YOUR 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 YOUR 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

How long will your dog be alone during the day? \_\_\_\_\_  
Will he/she be: indoors , crated , outdoors ; if you marked "outdoors", please describe the environment you will provide for your dog: \_\_\_\_\_

Do you understand that (mark the checkbox to indicate "yes"):

- the adoption fee for your dog is \$250?
- the adoption of this dog requires her/him to be spayed/neutered?
- the dog you're adopting may not be housebroken?
- you take responsibility for fully training your dog?
- this dog can live up to, if not more than, 15 years?
- you will be responsible for the veterinary commitment that your dog will require?

Your veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

