



HUMANE SOCIETY OF TRUCKEE-TAHOE

P.O. Box 9041 🐾 Truckee, California 96162 🐾 (530) 587-0667 or 587-1805 (phone & fax)

FOSTER PARENT APPLICATION

Date: _____
 Name: _____
 Birth Date: _____
 Mailing Address: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____ Work Phone: _____
 E-mail Address: _____

How long have you lived at your present address? _____

Do you ... Own Rent

How many adults in the household? _____

How many children? _____ Ages of children: _____

Who will be responsible for the foster animal's care? _____

Have you adopted an animal from an animal shelter? Yes No

Have you turned an animal into an animal shelter? Yes No

When? _____ Dog Cat Other

Comments: _____

Current pets (please include all pets, including small caged pets and barnyard animals):

Type of Pet **Age** **Sex** **Spayed or Neutered?** **How long owned:**

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Are your pets at home up-to-date on their vaccinations?

Yes No

If not, what vaccinations are they without? _____

When do their vaccinations expire? _____

Do your pets at home get along with:

Dogs? Yes No Cats? Yes No

Does your current pet have any medical condition that we should be aware of (i.e. epilepsy, FIP, feline leukemia)? _____

Is your current pet on medication? If so, what medication _____

Type of animal you are willing to foster?

Please check the box if you are willing to foster animals that are,

Sedentary Active Both

Please indicate the animals you have had experience and/or knowledge with:

Dogs Cats Neonatal kittens Neonatal puppies

Cats **with** upper respiratory infections Dogs **with** kennel cough

Feral puppies Feral dogs Feral kittens Feral cats

Small mammals Nursing mothers w/ litters Kittens Puppies

Other _____

Do you have experience administering medication (pills or liquid)? Yes No

Are you willing to administer medications? Yes No

What is your experience and/or knowledge of socializing feral animals (cats and dogs)?

Are you willing to transport the animal to doctor appointments and Saturday Adoption Days?

Yes No

Length of time during the day your animal would be left alone: _____

Where will you keep the pet while you are away? _____

Where will you keep the pet at night? _____

If you are fostering a dog, do you have a fence or enclosed deck? Yes No

If so, please explain height and type _____

How did you hear about our Foster Program? _____

Signature of New Foster Parent

Humane Society of Truckee-Tahoe Representative