



JOPLIN HUMANE SOCIETY  
ANIMAL ADOPTION & RESOURCE CENTER



www.joplinhumane.org

## Foster Pet Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

What type of home do you live in? House Trailer Apartment Duplex

Do you own or rent? \_\_\_\_\_ If you rent, are pets allowed? \_\_\_\_\_

Ages of children in the household \_\_\_\_\_

I am willing to foster: Dog Cat Puppy Kitten Litter of Puppies Litter of Kittens  
Mom/Puppies Mom/kittens Preference is \_\_\_\_\_

Are you comfortable in fostering animals with medical conditions? Yes/No Circle those you would foster: Kennel Cough Demodectic Mange Sarcoptic Mange Ringworm Upper Respiratory Heartworm (post treatment) FeLV/FIV Post surgical recovery Parvo (recovery)

Do you currently have pets ?

Dog/Cat M/F Breed \_\_\_\_\_ Age \_\_\_\_ S/N? \_\_\_\_ Name \_\_\_\_\_

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Dog/Cat M/F Breed \_\_\_\_\_ Age \_\_\_\_ S/N? \_\_\_\_ Name \_\_\_\_\_

Do you have a way to isolate your foster pet away from your current pets if needed? Yes/No

Where would your foster pet stay during the day? \_\_\_\_\_

Where would your foster pet sleep at night? \_\_\_\_\_

