SOMERSET-PULASKI COUNTY HUMANE SOCIETY FOSTER CARE APPLICATION

	DATE
NAME	
ADDRESS	
HOME PHONE WO	RK PHONE
E-MAIL	CELL
Type of pet you would like to foster: () Dog () Puppy(ies) () Cat Have you ever fostered a pet? () Yes	() Kitten(s) () Other
If yes, through which organization?	
	se provide name and contact person.)
Do you have other pets? Are they spayed/neutered? Have they been vaccinated? Who is your veterinarian? Is your dog(s) heartworm negative? Is he/she on heartworm preventative?	() Yes () No () Yes () No
When was the last heartworm test done? Is your cat/kitten Felv/FIV negative? Do you provide flea protection during flea season? If yes, what brand?	() Yes () No () Yes () No
If yes, what brand?	() Yes () No ? () Yes () No he clock, and feeding 3 times daily) () Yes () No
f you foster puppies, can you keep them for two wor longer, until they can be spayed/neutered? Until there is available cage space at our adoption of you foster a dog, can you train with basic commander you willing to work with your foster pet 10-15	() Yes () No site? () Yes () No ands? () Yes () No
where he/she needs training? On you have any experience in providing special newspare such as bottle feeding, medication, checking to iquefying food, changing bandages?	() Yes () No eeds emperature, () Yes () No
are you aware that placement in your home will be expected to eventually give up the pet for adopt	only temporary, and that you will