

New River Humane Society Foster Questionnaire

(Must be 18 years+ to foster. Questionnaire must be FULLY completed to be considered)

Name: _____

Date of Birth: _____

Address: _____

Town/City: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Do You Own or Rent Your Home? _____

Ages of all people living in your home:

Current Pets: (types, ages)

Past Pets: (types, ages)

I'm interested in:

____Fostering short term/temporary

____Fostering to eventually adopt

What are you interested in fostering:

Cats _____ Kittens _____ Puppies _____ Small Dogs (under 25lbs) _____

Med. Dogs (25-50lbs) _____ Large Dogs (50lbs+) _____ Open to Any Type/Size _____

Hours daily animal will be left alone: _____

Animal(s) will be housed: _____

Date you could begin to foster: _____

Are all pets living at your residence spay/neutered? _____

Veterinarian Name & Contact Information: _____

Do you have any specialized training/experience? (i.e. bottle feeding, administering oral or injectable medications, socializing, etc.) Please List Below:

Foster Applicant Signature _____ Date _____

Official Use:

Verified By: _____ (Signature) Approved _____ Denied _____

