



Desert Haven Animal Society

1511 E. Siri Lane, Pahrump, NV 89060 (775) 751-7020

Foster Parent Application

YOUR INFORMATION

Name: _____ Date: _____

Physical address: _____

Mailing address: _____

Cell phone: _____ Home phone: _____

Work phone: _____ E-mail: _____

Please check all of the animals you would be willing to foster:

- | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Kitten litter socializing | <input type="checkbox"/> Puppy litter socializing | <input type="checkbox"/> Senior cat |
| <input type="checkbox"/> Pregnant/nursing cat (and its litter) | <input type="checkbox"/> Pregnant/nursing dog (and its litter) | <input type="checkbox"/> Senior dog |
| <input type="checkbox"/> Orphaned kittens who need bottle feeding | <input type="checkbox"/> Orphaned puppies who need bottle feeding | <input type="checkbox"/> Special needs dog |
| <input type="checkbox"/> Cat/kitten needing medical attention | <input type="checkbox"/> Dog/puppy needing medical attention | <input type="checkbox"/> Special needs cat |

PET OWNING EXPERIENCE

Do you own any pets at the present time? ☐ Yes ☐ No

Please provide their information below:

Name	Breed	Sex	Age	Current on vaccines?	Spayed/neutered?
_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

****Please provide either copy of your pets' vaccine history or the contact information to your vet:****

Name _____ Location _____ No. _____

Are your pets tolerant of other pets? ☐ Yes ☐ No Please explain: _____

What other pets have you owned in the past? _____

Do you have a separate area or room in your house where you can contain the foster pet, if necessary? ☐ Yes ☐ No

Please describe your experience with pet training, obedience, medical care, or births: _____

YOUR FAMILY & LIFESTYLE

Number of adults in household? _____ Children? _____ Ages: _____

Do you own or rent your home? ☐ Own ☐ Rent Do you have a fenced yard? ☐ Yes ☐ No

Is there anyone in your household allergic to animals? ☐ Yes ☐ No

How many hours a day would your foster pet be left alone? ☐ None ☐ 1-3 hrs ☐ 4-8 hrs ☐ 9-12 hrs ☐ 12+hrs

Are you willing to administer medications (pills/liquid)? ☐ Yes ☐ No

Where will your foster pet be kept during the day when you are not home? _____

When you are home? _____ At night? _____

For how long are you interested in fostering a pet? _____

We ask that you leave it up to us to place the foster pet(s) in appropriate forever homes. We really appreciate all the time and effort you've put into helping our animals, but we have an extensive screening process, which ensures just the right match. Do you agree to direct anyone that is interested in adopting the pet you are fostering to the Desert Haven Animal Society? ☐ Yes ☐ No

REFERENCES

Please provide 2 personal references; they must **not** be relatives or live in your household:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

If you rent, please provide your landlord's information:

Name _____ Phone # _____

Please provide all of the above requested information. Failure to do so will result in a status of an incomplete application.

I certify that I am at least 21 years of age and that the above information is correct and true to the best of my knowledge.

Applicant signature

Date

Thank you for your interest in becoming a foster care parent for the Desert Haven Animal Society! We will be in contact with you if anything comes through our doors that match your interests and lifestyle. Feel free to keep an eye on our Facebook page or website for animals who may qualify for our foster program.