

Humane Society of Greene County
2629 Mt. Morris Road, Waynesburg, PA 15370
(724)627-9988, Humane@greenepa.net

FOSTER APPLICATION

Date of application: _____

Name: _____ Phone (H) _____

Address: _____ Phone (W) _____

City: _____ State: _____ Zip: _____ Email: _____

When is the best time to contact you for an in-depth telephone interview? _____

Please describe your current pets:

Type	Sex	Age	Spayed/Neutered?	Date of last vaccination
_____	M/F	_____	Y/N	_____
_____	M/F	_____	Y/N	_____
_____	M/F	_____	Y/N	_____
_____	M/F	_____	Y/N	_____

If you have cats, please give dates & results of their Feline Leukemia tests _____

Have you ever had a cat with Feline Leukemia? _____

Have you ever had a dog with Parvo virus? _____

Veterinarian Reference: _____ Phone: _____

Personal reference (name and address of someone who is familiar with you and your animals):

_____ Phone: _____

Rescue Group you are affiliated with (if any): _____

What type of animal(s) would you like to foster? _____

For how long? _____

Where will the foster animal(s) be kept? _____

How many adults live in your home? _____ How many children? _____ Children's Ages _____

May we visit your home at a mutually convenient time? _____

The Humane Society of Greene County can cover necessary medical expenses provided by our designated veterinarian only. If you choose to use your own veterinarian, we cannot be responsible for the expenses.

Will you use our designated veterinarian for any necessary medical care for this animal? _____

If you plan to use your own veterinarian, please give the name & phone #: _____
