

White River Humane Society Foster Application

Name: _____ Date: _____

Address: _____ City, State, Zip _____

Phone: _____ E-mail: _____

Rent or Own: _____ If rent, name of landlord and #: _____

Children at home and ages: _____

Average hours away from home: 1-3 4-6 7-9 10+ Do you have a fenced yard? _____

List ALL pet(s), names, ages, and whether altered:

Vet Name and number: _____

Has there ever been parvo outside of or in your home? _____

Please circle all types of animals you would like to foster:

Mother dog with puppies

Litter of orphaned puppies

Pregnant mother dog

Injured adult dogs

Adult Dog with other issues

Injured young dogs

Young dogs with other issues

Mother cat with kittens

Litter of orphaned kittens

Pregnant mother cat

Injured adult cats

Adult Cat with other issues

Injured young cats

Young cats with other issues

Why do you want to foster? _____

By signing this form, you agree to return all foster animals and offspring of said animal back to the shelter when the shelter requests for them to be adopted out.

Signature _____

Please e-mail your completed form to whiteriverhumanesociety@gmail.com or drop off at the shelter, and we will contact you when an opportunity arises.

Thank you very much for helping us save lives, and we look forward to working with you.