

# 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 to help free up space at the shelter

Fostering to adopt

What are you interested in fostering:

Cats

Small Dogs (under 25lbs)

Med. Dogs (26-50lbs)

Large Dogs (51lbs+)

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? (Please List Below:

Foster Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use:  
Verified By: \_\_\_\_\_ (Signature) Approved \_\_\_\_\_ Denied \_\_\_\_\_