

PET HISTORY AND EXPERIENCE

What is your experience with pets:

___ First Time Dog/Cat Foster ___ Had Dog/Cat(s) in past ___ Currently have Dog/Cat(s)

Please describe the pets you have had in the last 3 years:

Name of Dog/Cat	Age	Spayed or Neutered	Vet Name/Phone	Length of Ownership
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

EXPECTATIONS (if fostering and plan to possibly adopt)

Will the pet be: ___ Companion for self ___ Companion for another animal ___ Child's Pet
___ Gift (for whom? _____) ___ Other _____

How will the pet obtain exercise? ___ Walks ___ Fenced Yard ___ Run Loose
___ Stay inside ___ Other _____

Are your current pets good with other animals? ___ If not, please describe: _____

PLEASE READ AND SIGN

I certify that all the information in this application is true and I understand that false information may void the application. I understand, if approved, I will be required to execute a Hold Harmless Foster Caregiver Agreement and failure to comply will result in my inability to adopt/foster from the Humane Society of the Ohio Valley.

Signature _____ Date _____

HSOV Authorize Signature _____ Date _____

If you have not received a call within 10 days, please call 740-373-5959 as we do not want to miss your application

References

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Email: _____