

Pet Network Animal Friends of Nevada
401 Village Blvd
Incline Village, NV 89451

www.petnetwork.org

775-832-4404

Fax: 775-832-5504

Foster Application

Procedures:

- **PET NETWORK reserves the right to match the best foster home for each animal.**
- **PET NETWORK reserves the right to approve or deny any foster application for any reason**
- **All animals in the foster home must be current on vaccinations, including bordetella and neutered or spayed (this is for the safety of your pet).**
- **You must be at least 18 years of age to foster.**

Type of Animal you wish to foster	Dog	<input type="checkbox"/>	Cat	<input type="checkbox"/>							
Age of Animal you wish to foster: (check all that apply)											
8-16 weeks	<input type="checkbox"/>	4-6 mo.	<input type="checkbox"/>	6-12 mo.	<input type="checkbox"/>	1-3 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>	Senior	<input type="checkbox"/>
Physical Attributes of the Pet you wish to foster:											
Long Hair	<input type="checkbox"/>	Short Hair	<input type="checkbox"/>	Wirehaired	<input type="checkbox"/>	Smooth Coat	<input type="checkbox"/>				
15lbs. and under	<input type="checkbox"/>	15-30lbs.	<input type="checkbox"/>	30-45lbs.	<input type="checkbox"/>	45-60lbs.	<input type="checkbox"/>	60lbs. and over	<input type="checkbox"/>		

Date of Application: _____

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Driver license # and State: _____

Own _____ Rent _____ Condo _____ Mobile Home _____ How long have you resided here? _____

Name of complex: _____ Name of Landlord/Manager: _____

Contact Number: _____ Are pet's allowed? _____ Fee / Deposit paid: _____

Number of Adults in your household: _____ Children? _____ Children's Ages: _____

Occupation: _____ Full Time Part Time

Employer: _____ Phone #: _____

Are you currently enrolled in school? Yes No

Name of School: _____ Full Time Part Time

Please list Spouse or any roommates

Spouse / Roommate's Name	Contact Phone #	Occupation	Full / Part Time

1. Why do you want to foster an animal for Pet Network? _____

2. Have you fostered animals before? Yes No
Name of Organization: _____ Phone #: _____
Reason for Leaving: _____
3. What experience do you have with animals? _____

4. Where will this animal be kept during the day? _____ night? _____
5. How many hours will it spend without supervision? _____
6. Where will it be kept when alone? _____
7. Are you able to isolate a foster pet away from your other pets? Yes No
8. Are you familiar with crating? Yes No
9. Does your pet(s) tolerate other animals? Yes No
10. Are you or anyone in your household allergic to animals? Yes No
11. Veterinarian: _____ Clinic Name: _____
Phone #: _____
12. Has your cat been tested for Feline Leukemia? Yes No Feline Aids? Yes No
13. Do you have a fenced yard? Yes No
What type of fencing? _____
If no fencing, how will you confine your foster pet for exercise?

Please list all cats and dogs currently cared for in your household: Fill in the corresponding boxes for each pet.

Name	Dog	Cat	Age	M / F	Vaccinations Current	Sterilized	Heartworm Prevention	Indoor / Outdoor

How were you referred to PET NETWORK?

I verify that all of the above information is correct. I understand that any animal I foster may be harboring and illness or have behavioral problems. I understand and accept the risk to myself, family, pets, and property that is involved with fostering an animal in my home. I also understand and agree to hold harmless PET NETWORK, its employees, volunteers, and directors or any other associate, from liability, injury, or illness associated with fostering pets.

Signature: _____ Date: _____

Approved ____ Not Approved ____ Adoption Counselor _____ Date _____

THANK YOU FOR YOUR APPLICATION! IF YOU HAVE NOT HEARD FROM US WITHIN 3 BUSINESS DAYS PLEASE CALL AND ASK FOR THE VOLUNTEER OR FOSTER COORDINATOR!