

The Montgomery County Humane Society

14645 Rothgeb Drive Rockville MD 20850 ~ 240~773~5967 ~ Fax 301~279~1998

FOSTER HOME APPLICATION

Date _____ Email address _____ Landlord's phone _____

Name _____ Phone (h) _____ (w) _____

Address _____ Do you live with your parents? _____

_____ Do you own? _____ or rent? _____

_____ House ___ Townhouse ___ Apt. ___

CIRCLE any category that interests you: Orphan puppies Orphan kittens

Adult dogs: Injured Sick Healthy Nursing mother and pups Size limit (lbs) _____

Adult cats: Injured Sick Healthy Nursing mother and kittens

Reptiles Birds Rabbits Small mammals (guinea pigs, hamsters, gerbils, mice, etc...) Ferrets

Date available _____ Time limit (if any) _____

If you are away, who will care for the animal(s)? _____

Veterinarian _____ Phone _____

Please identify any other pets in your home: _____

Are these pets licensed in Montgomery County? _____

Please list previous pets: _____

Are your pets currently vaccinated against: Distemper _____ Rabies _____ Bordatella _____

Have your cats been tested (neg.) for FeLV/FIV? _____

Number of people in household _____ Number of roommates _____ Ages of children _____

Do you have a fenced yard? _____ Height? _____ Are you willing to give this animal time to adapt to your

home? _____ Do you understand this animal may not be housebroken? _____

Tell us why you want to join the foster program _____

OFFICE USE ONLY P# _____
