



Mercer County  
Humane Society

# Foster Home Application

896 Moberly Rd Harrodsburg, KY 40330 | (859) 734-5154 | mercerhumane@hotmail.com

About you...	
Your Name (please print):	Age:
Your Street Address:	Home Phone Number: ( )
City State Zip	Work/Alternate Phone Number: ( )
Email Address:	
<i>(Please check the email address provided frequently for updates on your application status.)</i>	

Type(s) of animals you are interested in fostering: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Breeds: Ages:
How long can you keep a fostered animal? Do you want to foster long term or short term?

About where you live...	
Type of dwelling: <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parent's/guardian	
Landlord's or parent's (if you reside with them) name & phone number:	
How many hours a day is someone home?	
Briefly describe your home.	
Where will the pet stay most of the time? Where will the pet stay when you are gone?	
Will the pet be allowed outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No How will the pet be controlled if allowed outside? Explain.	
Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of fencing? If not, how will your animal get exercise?	

About your family...
Are there any children that live or regularly visit your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate ages:

Pet History		
<i>Please list any other pets you currently own.</i>		
Pet's Name	Type of Pet	Spayed/Neutered
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type(s) of food are you feeding your current animals?
Have you ever surrendered a pet to this or any other shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why?

Please list your veterinarian's name and phone number: How long have you been a client?
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Thank you so much for your time and interest. It is not our intention to invade your privacy. It is our goal to place our pets in the situation that suits them best and to find you a pet that will work with your family, in your environment.

It is very important that you understand that by offering to foster, you recognize that you need to keep this animal safe and in your possession until a home or rescue is found. Returning it back to the shelter puts that pet at risk for euthanasia

By signing this application, you are giving the Humane Society permission to call your veterinarian about your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please complete this form in its entirety PRIOR to submitting. Failure to provide all information may slow down the approval process or result in a denied application.**