Shelter Address:
1527 Route 136
Eighty Four, PA 15330
Mailing Address:
P.O. Box 66
Eighty Four, PA 15330
724-222-PETS (7387)

washingtonpashelter.org

WAHS is a No-kill Shelter, Funded by Private Contributions.

Foster Parent Application

Please Print All Information

Name_____Street Address_____

City_____State_____Zip Code_____

Home Phone_____Cell_____Work_____

Email Address:_____

How many pets do you currently have at home?_____

Number of dogs_____ Male_____Female_____   Altered: Yes_____No_____
Number of cats_____Male_____Female_____   Altered: Yes_____No_____
Other pets_____

Veterinarian's name_____Phone_____

Have you ever adopted a pet from the Washington Area Humane Society? Yes_____No_____
If so, do you still have the pet? Yes____No_____
If not, please explain what happened to the pet._____
_____

Do you: Rent___ Own___   Do you live in: Apartment____ House____ Mobile Home____
                                             Condo___Townhouse___Live with parents____
If you rent, give landlord's name_____Phone_____

Do you work? Yes____No____   If 'yes', how many hours per day?_____

Do you have children? Yes____No____ If 'yes', what are their ages?_____

Why do you want to foster a pet?_____

Please 'X' the following. I can foster: Dog(s)_____Cat(s)_____Horse(s)_____Rabbit(s)_____

Have you ever cared for: Young kittens____Young puppies____Adult cat_____Adult dog_____
                        Injured cat_____ Injured dog _____

Do you have an area where you can confine your foster pet(s) away from your current pets?____

I certify that the facts contained in this application are true and complete. I understand that false statements on the application shall terminate the foster contract and the animal will be returned to the Washington Area Humane Society. **Please note that you must also sign a Foster Agreement to be eligible to foster animals.**

Signature_____Date_____

WAHS Coordinator_____ Date_____

Home preview by_____Approved_____Denied_____