



4155 N. Rancho Drive, #150
Las Vegas, NV 89130
(702) 629-6351

FOSTER PARENT APPLICATION/HOME VISIT

PERSONAL PROFILE:

Name: _____ Phone: _____

Address: _____ Cell: _____

City/State/Zip: _____

Email: _____

Housing status: Own Rent Renters, are you allowed to house animals? YES NO

Landlord's name and phone #: _____

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

Names and phone numbers of two personal references:

1.

2.

Please list all pets that are currently part of your household:

Dog/Cat

Breed

Gender/Age

Vaccinated

Spayed/Neutered

1. _____

2. _____

3. _____

4. _____

List any medical or behavioral issues any of your pets may have:

Why do you want to be a foster parent?

Page 2 Name: _____

What is your experience with cats? (Previous foster experience, previous cat experience, etc)

What organizations did you foster for? Please list Name and Phone Number:

1. _____
2. _____

Can we contact them for a reference? [] YES [] NO

What is your work schedule/how long will the foster animals be left alone?

Are you willing and able to transport animals to and from check-ins and adoption appointments/events?

[] YES [] NO

PROPERTY INFORMATION:

Describe the area the foster animals will stay: _____

Do you have a doggie door? [] Yes [] No

If yes, is it left open all the time?: _____

FOSTER COMMITMENT:

Which type of cats are you interested in fostering? Please check all that apply:

- [] Weaned kittens (4-8 weeks)
- [] Kittens needing medical care (ringworm/URI)
- [] Unsocialized kittens
- [] Cats needing medical care
- [] Cats needing socializing (shy)

Page 3 Name: _____

How long will the cat/kitten be alone on a regular basis? _____

Do you have a way to confine the cat(s)? _____

Fostering is a full time commitment! How long are you willing to foster any cat/kitten? _____

How many animals are you willing to foster at one time? _____

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I authorize PALNV staff to conduct an on-site inspection of my home and the area where the animals will be kept. I understand that I may refuse any specific request to foster due to timing or other reasons.

Applicant Signature

Date