

Mayfield-Graves Co. Animal Shelter  
Temporary

# FOSTER HOME

"Application"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

BEST phone number to contact you: \_\_\_\_\_

Please **print**, if you'd like to be contact by e-mail: \_\_\_\_\_

**Type of animal(s) you are willing and able to FOSTER.... From the list below.**

Will take Just PUPPIES, for up to 2 months: liter of: 1-2 \_\_\_ 3-6 \_\_\_ 7 or more \_\_\_

Pregnant DOGS until the PUPPIES are 2 months old: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Will take un-weaned puppies and bottle feed for up to 3 weeks: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Heartworm positive DOGS... until treatment is done. Usually 2 months: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Sick or injured dog until recouped: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Pregnant CATS until the KITTENS are 2 months old: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Sick or injured CAT until recouped: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Senior DOG or CAT over age 10 until Suitable rescue or home is found: Yes \_\_\_ No \_\_\_ Maybe \_\_\_

*MOST FOSTERED ANIMALS ARE SPOKEN FOR, AND MAY NOT BE ADOPTED FROM YOUR HOME  
NO FOSTERED DOG should be kept on a chain for more than 2 hours per day.*

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed/Neutered	Lives inside or outside?
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____

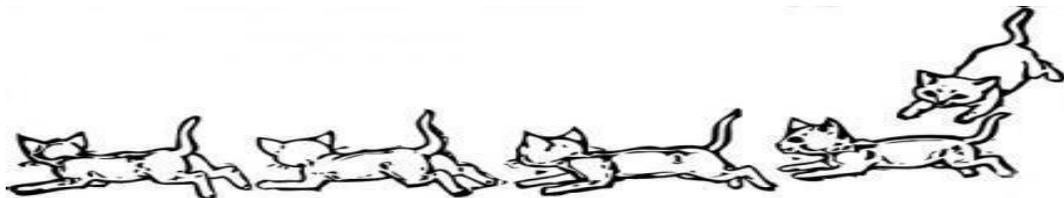
Do you have a fenced yard? Yes No other /explain \_\_\_\_\_

Please indicate your housing status, do you: Own a house or condo \_\_\_\_\_

Rent an apartment \_\_\_ Rent a house \_\_\_ Live with parents or others \_\_\_\_\_

If you are renting, please provide your landlord's name and phone number:

\_\_\_\_\_  
\_\_\_\_\_



How many hours a day are your pets home alone? \_\_\_\_\_

Where are they kept when you are away from home? \_\_\_\_\_

Do you have children in your household?    Yes    No

If yes how many? \_\_\_\_\_

Please list their ages: \_\_\_\_\_

Your veterinarian's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please list two personal references that we may contact:

Personal Reference #1:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal Reference #2:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Why would you like to participate in this program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How far do you live from the Mayfield Graves Co. Animal Shelter? \_\_\_\_\_

Please give general directions \_\_\_\_\_

Times available for in-house interview: \_\_\_\_\_

After filling out this form please mail it to:

Mayfield-Graves Co. Animal Shelter  
FOSTER COORDINATOR  
P. O. Box 163  
Mayfield, KY 42066  
270-804-8252

Send all inquiries to: [fosterinfo42066@gmail.com](mailto:fosterinfo42066@gmail.com)

Follow us on Facebook @:

Fostering Mentor

Or

Mayfield-Graves County Animal Shelter

Or

<http://www.mayfieldshelter.com>

**Animal Shelter Membership is required of each Foster Family.**