

The Humane Society of Sullivan County Indiana

Kitten Foster Sign-Up

Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone: _____

Photo ID is Required

E-Mail: _____

ALL FOSTER CATS AND KITTENS MUST BE KEPT INDOORS

Please list in door pets below.

Name	species/breed	Spayed/neutered		Vaccinated	
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

Are there other adults in your home? Yes No

Are there children in your home? Yes No Ages: _____

I have read and fully understand that I am agreeing to foster pets for the Humane Society of Sullivan County Indiana. All animals in my care are to be returned to The Humane Society and not given away, promised, or adopted to another individual or family. Adopters must complete an application and be approved by Sullivan Humane Society adoption staff.

_____ foster parent _____ date

_____ staff (give to Director when complete)