



ANIMAL SHELTER
of northeast nebraska
For the Love of Animals

**Animal Shelter of Northeast Nebraska
Foster Parent Application**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ Best Contact Method: _____

☐ Own Home ☐ Rent Time in current residence: _____

If you rent, please provide contact information for your landlord/manager:

Name: _____ Phone: _____

Number of adults: _____ Children: _____ Ages of Children: _____

Would there be anyone at home during the day? Yes No

If yes, who? _____

Current Pets:

Type of Animal/Breed	Sex	Spayed/ Neutered	Age	Lives	Vaccinations Current?
	M F	Yes No		Indoors Outdoors	Yes No
	M F	Yes No		Indoors Outdoors	Yes No
	M F	Yes No		Indoors Outdoors	Yes No
	M F	Yes No		Indoors Outdoors	Yes No
	M F	Yes No		Indoors Outdoors	Yes No

Veterinarian's Name : _____ Phone #: _____

Who will be responsible for the care of the animal? _____

Where will the animal be kept during the day? _____

How many hours per day would the animal be left alone? _____

Are you willing to administer medications (pill or liquid)? Yes No

How would you describe your yard? Small Medium Large

Is your yard fully fenced? Yes No



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Type of fencing? Wood Chain-link Plastic Other: _____

What is the height of your fence at its lowest point? _____

What type of indoor confinement do you have? Crate Bathroom Laundry Room

Other: _____

Are you able to provide food and necessities for the foster animal? Yes No

Animals you would be interested in fostering (Please circle all you would be willing to foster)

Dogs Puppies Litter of Puppies with Mother Sick/injured Dogs

Cats Kittens Litter of Kittens with Mother Sick/injured Cat

Livestock Rabbits Guinea Pigs Reptiles Rodents Birds

Other: _____

Would you be willing be on our Emergency Fosters List? Yes No

How did you hear about our foster program? _____

I certify that all the information in this application is true and correct to the best of my knowledge. I am at least 18 years of age and everyone in the household has been involved in the decision to foster. I understand that a home orientation is required before fostering any animal, as is landlord approval for those renting. I further understand that the Animal Shelter of Northeast Nebraska is not responsible for any property or personal damage, wounds, infections or illness caused by the foster animal(s).

Signature: _____ Date: _____

Thank you for your interest in becoming a Foster Parent!
When you become a foster parent, you are giving a second chance
to animals who otherwise might not get one!

Please mail to:
ASNN
P.O. Box 663
Norfolk, NE 68702