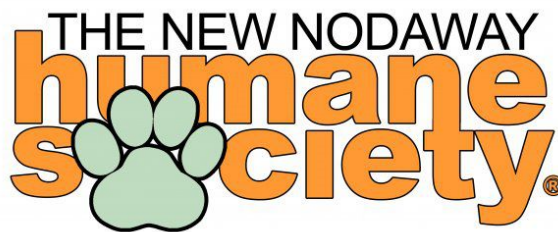


# FOSTER CARE APPLICATION



Please complete and return to Wendy Combs at [nnhsmanager@embarqmail.com](mailto:nnhsmanager@embarqmail.com) or by mail or in person to 829 S Depot Maryville, Mo 64468

## General Information

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have a valid driver's license? [ ] Yes [ ] No

Are you at least 18 years old? [ ] Yes [ ] No

Have you ever been convicted of animal abuse or neglect? [ ] Yes [ ] No

## References

Please provide three personal references (name and number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **Veterinarian Reference**

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

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)



## **Fostering a NNHS Animal**

Would you be willing to drive your foster pet to the Veterinary as needed?

Would you be willing to drive your foster animal to outreach events?

Would you be comfortable giving medications?

Do you have any limitations on what kind of fosters you can take or for how long?

When can you start fostering?

## **Final Wrap-Up**

Is there anything else you would like us to know?

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Thank you so much for your interest in helping the animals at NNHS.  
We will review your application and contact you.