



DeSoto Parish Animal Services  
Foster Care Application

Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Foster Home Information

Human Household Members	Age	How Will They Be Involved in Care?

Animal Household Members	Age	Breed	Sex	Date of Rabies Vaccination

Name of Vet Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to be approved to foster for DPAS, all animals in your home must be vaccinated against rabies. Please consult your veterinarian about fostering. They may recommend additional vaccinations to protect your pets.