



Foster Care Application

Date: _____

Name: _____

Address: _____

Phone(s): Home _____ Work: _____ Cell: _____

Email: _____

Animals you are willing to foster:

Dogs _____ Puppies _____ Cats _____ Kittens _____ Other _____

Types of fostering situations you would be comfortable with:

Litters _____ Pregnant moms (in foster until spay) _____ Orphaned animals _____

Recovering from illness or surgery _____ Undersocialized pets _____

Length of time you are willing to foster in a single situation (generally 2 weeks to 10 weeks):

Where did you hear about the foster program (more than one, if applicable):

1. How many people live in your household? _____
Are there children? _____ If so, what are their ages? _____

2. Does anyone in your household have allergies to animals? _____
If so, please describe:

3. Is your home a house _____ condo/apartment _____ mobile home _____

Landlord/manager's name and phone: _____

4. Do you have a yard? _____

Fence _____ What kind _____ Height _____ Secure gate _____ Covered
kennel _____

5. What pets do you currently have? What are their ages? Is there livestock on your property?

Are all your animals current on their vaccinations? _____

How do your animals get along with other animals?

Who is your current veterinarian? _____

6. Can you give basic medications? _____

Do you have any special training or background in medical treatment?

7. Where in your home will your foster animal(s) stay? _____

How will you exercise/interact with them? _____

What contact would they have with your pets? _____

How long will you typically be absent during the day? _____

Where will the foster pet stay while you are at work? _____

Thank You!

Staff Only:

Home check date:

Comments:

Approved: _____ Not approved: _____