

Foster Application



Foster Information

ID Number (Admin Use Only): _____

Full Name: _____ Date: _____

Address: _____

Address (line 2): _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Of Birth: _____

Driver's License Number: _____

E-Mail Address: _____

Foster Living Arrangement

Please Describe Your Living Arrangement: Rent Own Live With Parents/Family

Describe Your Current Home: Apartment Single-Family Home Mobile Home

Condo Other: _____

****Renter's**** Does Your Landlord Allow Pets? Yes No

Landlord's Name/Phone: _____

Who Lives With Me (Please List All Children and Adults In The Home Your Pet Will Reside)

Name	Relationship	Age (If over 18, write Adult)

Do Children Visit Frequently (i.e. relatives, children you babysit for): Yes No

A Member of My Household is Allergic to Cats or Dogs: Yes – Cats Only Yes – Dogs Only

Yes – Both Cats & Dogs No

Does Everyone In My Home Understand And Agree With My Decision To Foster A Pet?

Yes No

Can you commit time working with the animal and networking for adoption? Yes No

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My Current Pets and Pet Ownership History

Do You Have a Veterinarian? Yes, if yes, please list information below No

Veterinarian's Name: _____

Address: _____ Phone: _____

Do You Own Any Pets? Yes No

Please List All of the Pets Currently In Your Care

Type Of Animal	Age	Spayed/Neutered	Is Your Pet Licensed?	Up To Date On Vaccinations?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List All Animals You Have Owned In the Past 10 Years (Not Currently In Your Possession)

Type Of Animal	Age	Spayed/Neutered	What Happened To This Animal?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Why are you interested in fostering; and do you have any goals or aspirations regarding this program?

Foster Signature: _____ Date: _____

Staff Signature: _____ Date: _____