



Foster Care Application

Your Name _____ Phone (H) _____

Address _____ Phone (W) _____

Phone (C) _____

City _____ State _____ ZIP _____

Email Address _____

Your Occupation _____ Employed by _____

What kind(s) of animal(s) are you willing to foster? (check all that apply) Unweaned Kitten
 Kitten eating on its own Cat Kitten or cat needing medications ONLY declawed kittens or cats
 Unweaned puppy Puppy eating on its own Dog Puppy or dog needing medications
 ONLY housebroken puppies or dogs Other _____

How long are you willing to foster a particular animal? _____

How long will you give the animal to adjust to your home? _____

Are you willing to foster an animal in the case of a natural disaster? Yes No

For Kitten/Cat Fostering:

I agree to keep the fostered kitten or cat inside my home at all times. Yes No

I agree to provide a litter box for each kitten or cat fostered. Yes No

For Puppy/Dog Fostering:

Are you prepared to housetrain (housebreak)? Yes No

How many hours a day will the animal be left alone? _____

Confinement:

Where will the animal stay during the day when you are home? _____

When you are not at home? _____ At night? _____

When the dog or puppy is outside, how will you confine it to your property? Walk on leash Chain

Pen Let it run Fenced yard (describe type and height of fence) _____

Other (specify) _____

Household Membership: List all human members of your household and ages of those **under 18**.

Who will be the primary caretaker of the fostered animal? _____

Current Pets: (include roommates' pets) Do these pets get along with other animals? Yes No

Kittens and Cats

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No

Puppies and Dogs

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No; On Heartworm Preventive? Yes No

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No; On Heartworm Preventive? Yes No

Name _____ Age _____ Sex _____ Altered? Yes No; Lives where? inside outside
Vaccinated? Yes No; On Heartworm Preventive? Yes No

Do we have permission to contact your veterinarian? Yes No

Who is your veterinarian or clinic? _____

Under whose name (human) are the records? _____

Type of Residence:

Own a house Rent a house Own a mobile home Rent a mobile home Rent an apartment

Military Housing Other (describe) _____

Do you object to us checking your property? Yes No Please give general directions _____

For renters:

Landlord's/complex's name and number _____

How long have you lived there? _____ How many times have you moved in the
past 2 years? ____ When does your lease end? _____

Have you ever been convicted of animal cruelty, neglect, or abandonment? Yes No

Signature _____ **Date** _____

Driver's license # _____

RACC Agent _____

Date _____