



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 Medical needs Unweaned puppy Puppy eating on its own Dog

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

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

Have you fostered animals before? List experience:

Confinement:

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

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

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

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

Type of Residence:

Own a house Rent a house Rent an apartment

Military Housing Other (describe) _____

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

Signature _____ Date _____

Driver's license # _____