



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 _____, 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.

If needed, do you have approval to have a foster pet in your home? ___ Yes ___ No

Describe where you will be keeping the foster animals, including how you will separate them from your own animals, if applicable:

Approximately how long, on an average day, will foster animals be left alone in the home (without people to monitor eating, behavior and elimination)?

Previous experience with animals:

Are you currently or have you previously fostered for any other humane organization? If so, which one?

My household is able to foster: (check all that apply)

Cats and Kittens		Dogs and Puppies	
<input type="checkbox"/>	Pregnant cat	<input type="checkbox"/>	Pregnant dog
<input type="checkbox"/>	Nursing mother cat and litter	<input type="checkbox"/>	Nursing mother dog and litter
<input type="checkbox"/>	Kittens: 0-4 weeks of age	<input type="checkbox"/>	Puppies: 0-4 weeks of age
<input type="checkbox"/>	Older kittens: 4-10 weeks of age	<input type="checkbox"/>	Older puppies: 4-10 weeks of age
<input type="checkbox"/>	Adult cat	<input type="checkbox"/>	Adult dog
<input type="checkbox"/>	Recovering from injury or surgery	<input type="checkbox"/>	Recovering from injury or surgery
<input type="checkbox"/>	On treatment for a cold	<input type="checkbox"/>	On treatment for a cold
<input type="checkbox"/>	On treatment for ringworm	<input type="checkbox"/>	On treatment for ringworm
<input type="checkbox"/>	Needing behavioral modification	<input type="checkbox"/>	Needing behavioral modification

Anything else you would like to share about yourself or your experience?
