

Foster Care Application

Today’sDate:

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** |
|  | Pregnant cat |  | Pregnant dog |
|  | Nursing mother cat and litter |  | Nursing mother dog and litter |
|  | Kittens: 0-4 weeks of age |  | Puppies: 0-4 weeks of age |
|  | Older kittens: 4-10 weeks of age |  | Older puppies: 4-10 weeks of age |
|  | Adult cat |  | Adult dog |
|  | Recovering from injury or surgery  |  | Recovering from injury or surgery |
|  | On treatment for a cold |  | On treatment for a cold |
|  | On treatment for ringworm |  | On treatment for ringworm |
|  | Needing behavioral modification |  | Needing behavioral modification |

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