



# Foster Care Application/Profile

## I AM INTERESTED IN PROVIDING FOSTER CARE FOR:

CATS: ADULT CAT \_\_\_ SMALL LITTER \_\_\_ LARGE LITTER \_\_\_ MOTHER W/ LITTER \_\_\_ BOTTLE FED W/O MOTHER \_\_\_

DOGS: ADULT DOG \_\_\_ SMALL LITTER \_\_\_ LARGE LITTER \_\_\_ MOTHER W/ LITTER \_\_\_ BOTTLE FED W/O MOTHER \_\_\_

Other(describe): \_\_\_\_\_

### 1. PERSONAL INFORMATION (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

### 2. HOUSEHOLD INFORMATION

Living Accommodations: Rent \_\_\_ Own \_\_\_ Other \_\_\_

Landlord/Apt. Manager's Name/Phone# \_\_\_\_\_

Does your lease allow pets? YES \_\_\_ NO \_\_\_

Describe the area where your foster animal(s) will be kept  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced-in yard? YES \_\_\_ NO \_\_\_

### 3. SCHEDULING INFORMATION

What days of the week would you prefer for foster rechecks?

Tuesday Wednesday Thursday Friday Sunday

And what Time? \_\_\_\_\_

### 4. ANIMAL CARE INFORMATION

Do you have pets of your own at this time?  
YES \_\_\_ NO \_\_\_

Please list the pets you currently own (use back of sheet if needed)

Species Breed Sex Age Spayed/Neuter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/address of your present veterinarian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had pets before? YES \_\_\_ NO \_\_\_

Where did you hear about our Foster Care Program?  
\_\_\_\_\_

### 5. EMERGENCY CONTACT

(Please list someone outside of your household)

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

6. Date of Application: \_\_\_\_\_

