



FOSTER CARE APPLICATION

Name: _____ Date: _____
 (Primary Caregiver)

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Do you: Own? _____ Rent? _____

Check off if you'd like to attend a Volunteer Orientation and take a tour of the shelter.

Household Information

How many people live in your home? _____ Children's ages: _____

Do you have pets? How many & what kinds? Dogs? _____ Cats? _____ Other? _____

Please describe the area of your home in which you plan to keep the foster animal(s):

Please describe the most common level of activity in your household: Peaceful Moderately Busy Very Active

General Foster Information

How did you hear about our foster program? _____

Tell us about any previous experience fostering? _____

- Foster interest: (circle all that apply)**
- Pregnant/Nursing Cats
 - Young, Weaned Kittens (no mom)
 - Bottle Fed Kittens (we can teach you!)
 - Sick/Injured Cats
 - Fearful/Shy Cats
 - Fearful/Shy Kittens
 - Dogs w/Behavior Training Needs
 - Sick/Injured Dogs
 - Pregnant /Nursing Dogs
 - Young Puppies
 - Pregnant/Nursing Small Mammals/Rodents

