

[Insert Organization Letterhead as Applicable]

FOSTER APPLICATION

Date: _____

Last Name First Name Middle Initial

Address City State Zip Code

Home Phone

Cell Phone

Work Phone

Email Address: _____

How old are you? ____

Describe your living arrangement (e.g., apartment, fenced backyard, two stories).

Are there children in your home? ____ If so, how old are they? _____

Are you able to provide proper care for a pet at this time? ____

[Optional] How many hours per day are you typically away from home? ____

[Optional] If you rent, are you permitted to have pets? ____

[Optional] Please provide your landlord's name and contact information: _____

[Optional] Do all household members agree to you fostering? ____

Have you ever owned a pet before? __ If so, what kind(s)? _____

Have you ever fostered an animal before? __ If so, what kind(s)? _____

Do any pets reside at your address? __ If so, how many? ____

List all pets that reside at your address:

Name	Species	Approx. Weight	Age	Sex	Altered	Current on all Vaccinations
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[Optional] Do you have experience caring for a pregnant pet? ____

[Optional] Do you have experience caring for a young pet? ____

[Optional] Have you ever bred your pets? ____

[Optional] Where will your foster sleep during the night? _____

[Optional] Are you willing to foster animals with special needs? ____

[Optional] Are you willing to administer medication if need be? ____

[Optional] Do you have a reliable mode of transportation? ____

Have you ever been investigated by Animal Services (or any other governmental authority with respect to animals under your care)? ____

If yes, please explain: _____

Please share your preference in terms of size, breed, energy level, etc.

When are you ready to start fostering? _____

Foster Parent Signature

Date