

Foster Parent Application Form

Name: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Name of Veterinarian _____

Housing Status: Rent _____ Own _____ Landlords Name and #

What Are Interested in Fostering: Dog: ____ Puppy: ____ Nursing Bitch and Pups: ____ Cat: _____

Kitten: _____ Nursing Queen and Kittens ____ Horse: _____ Cow(s): ____ Goats: ____ Chickens: ____

Llama: ____ Domestic Birds ____ Pocket Pets: _____

Other: _____

Are there Children living in your home or visiting your home? If so what ages? _____

How many people live in the home or will have access to the animals?

Describe _____

Is your house busy or quiet? _____

List **ALL** animals that live in the home or will have contact with the foster animal(s)

Species Breed Age/Sex Last Vaccination Date Spayed or Neutered Y/N

Please list any medical issues that the above pets have or have had: _____

Describe the area where the animal(s) will be housed:

Who will be the main caregiver to the animal(s) and what is there experience with this type of animal?

Do you have experience administering medications to animals? If so Describe: _____

Are you able to pick up/drop off animal? _____

How many hours will the animal spend alone/un-attended? _____

Are you fostering animals for any other animal rescue or animal fostering programs?
