



Foster Parent Application:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Do you own or rent your home: _____ How long have you lived at this address? _____

Landlord's Name: _____ Contact Number: _____

Number of adults in residence: ____ Children: ____ Who will be responsible for animals care: _____

Current Pets

Name:	Dog/ Cat/ Other	Age	Male/ Female	Spayed/ Neutered	How long have you had this pet?

What kind of animals would you be interested in fostering: _____

Nursing Mothers: ____ Un-weaned kittens and puppies: ____ How many hours will the animals be left alone: ____

Are you willing to administer medication (Pills, Liquids): _____

Where will the animals be housed during the day? _____

How would you describe your yard in terms of size? Small Medium Large Fenced: ____

What is the height of your fence at the lowest point? _____

Would you be agreeable to being listed as an emergency foster? _____

Would you be willing to bring animal(s) in to the shelter for regular checkups? _____

Please list any special skills or training you have that would help you with fostering?

Signature _____ Date _____