



## Foster Care Application

Name:	Date:		
DOB:	Phone:		
Address:	City:	State:	Zip:
Email:			
Do you rent or own your home? (Please check one):      RENT      OWN			
If you rent, do you have <i>written</i> permission from your landlord to have pets?      YES      NO			
Landlord's Phone:			

Do you currently have pets? YES      NO

If you checked yes, please fill out the following information:

Breed	Age	Spayed/Neutered	Last Vaccinations	Inside/Outside

About your household (check all that apply):

Live alone	Adults only	Family with older children (over 10 years)	
Family with younger children (under 10 years)	Seniors 60+		
Would you describe your household as:	Hectic	Active	Quiet

What kind of animals are you interested in fostering? (Check or specify)

DOGS	PUPPIES	CATS	KITTENS
OTHER:			

How many animals are you willing to foster at a time? \_\_\_\_\_

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Signature of Applicant