

# FOSTER



Just two to eight weeks can save a life.

## Foster Care Application

Foster Parent's Information (please Print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you here seasonally? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what months are you available? \_\_\_\_\_

How many adults reside in your home? \_\_\_\_\_ Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

Would anyone be home during the day? Yes \_\_\_\_\_ No \_\_\_\_\_

Do any members of your household suffer from allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of housing do you live in? House \_\_\_\_\_ Townhouse \_\_\_\_\_ Duplex \_\_\_\_\_

Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ Other \_\_\_\_\_ (Please describe) \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you fostered an animal before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for which organization and how long ago? \_\_\_\_\_

Where will the foster animal(s) be kept when no one is home? Indoors \_\_\_\_ Outdoors \_\_\_\_

Please describe: \_\_\_\_\_

Where will the foster animal sleep? Indoors \_\_\_\_ Outdoors \_\_\_\_

Please describe: \_\_\_\_\_

Why do you want to foster an animal? \_\_\_\_\_