



FOSTER CARE APPLICATION

Name: _____ Date of Birth: ___/___/___ Date: ___/___/___

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

I want to foster (please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Nursing Mothers with kittens | <input type="checkbox"/> Nursing Mothers with puppies | <input type="checkbox"/> Hospice Care |
| <input type="checkbox"/> Kittens: Bottle Fed | <input type="checkbox"/> Puppies: Bottle Fed | <input type="checkbox"/> Special Needs: Medical or Behavior |
| <input type="checkbox"/> Kittens: Eating on Own | <input type="checkbox"/> Puppies: Eating on Own | <input type="checkbox"/> Foster Kitten Nursery |

Do you currently have or have ever owned a pet? YES NO

What type and how many animals do you currently have in your home? _____

Are animals currently in your home spayed or neutered? YES if Not, explain _____

Are you opposed or favor in spaying and neutering animals? _____

Are you currently or have you ever been in any foster or rescue programs? YES NO

Please list organizations: _____

Who is your local vet (we may call your vet as a reference)? YES NO Vet's Telephone #: _____

Living situation: OWN RENT LIVE W/ FAMILY *If "Live with Family", Parent or Guardian must attend Orientation*

If you rent, does your landlord allow pets? YES NO

If Yes, provide landlord's name and contact number: _____

Describe where the animal(s) you are fostering will be kept: _____

Do you have children? If so, please list their ages: _____

Brief description of why you want to volunteer your services in foster program _____

Are you willing to abide by all animal control laws with regard to your foster animals? YES NO

Are you able to provide transportation to and from the Center for medical appointments? YES NO



FOSTER CARE APPLICATION (CONTINUED...)

References:

- 1. Name/phone number: _____ / _____
- 2. Name/phone number: _____ / _____
- 3. Name/phone number: _____ / _____

As a foster parent you will be required to keep your foster dog(s) on a leash or enclosed (within a fence adequate for the animal or in a home) at all times. Foster cats must be kept indoors at all times. By initialing below, you acknowledge that you will abide by these provisions.

Initial: _____

As a foster parent, you may have an animal in your care for a short period of time (1 week) or an extended period of time (as many as 3 months or more). This will frequently be determined when you receive an animal to be fostered. However, this amount of time is subject to change depending on circumstances at the shelter. If you know that you will be on vacation during the period of time you are being asked to foster, you are obliged to inform the RCAS as such. This will allow us to find the most suitable temporary accommodations for your animal.

All new foster parents must attend a foster orientation. You will be contacted in regards to the date, time, and location of this orientation. Additionally, while you are caring for foster animals, we may call you from time to time to check on the animals' progress and address any concerns you may have.

As a foster parent, we want you to know that it is occasionally necessary to euthanize animals that have been in foster care. Although this is an option of last resort, it does occur for numerous reasons.

By signing this form, you agree to the above statements and certify that the answers given above are true:

Signature: _____

Date: ___/___/___

Office Use Only: A _____ D _____ Orientation Date: ___/___/___

Comments: _____