



## FOSTER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, do you have your landlord's permission to have animals in the home? \_\_\_\_\_ Are there any restrictions (breed, weight, etc.)? \_\_\_\_\_

### Current Pets You have at your residence:

Type (dog, cat, etc.)	Age	Gender	Spayed/Neutered?	How long owned?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What types of animals are you interested in fostering? \_\_\_\_\_

Who will be responsible for the care of the foster animal(s)? \_\_\_\_\_

How many hours per day would the animal(s) be left alone? \_\_\_\_\_

Are you willing to administer medication to the animal(s) if needed (pills or liquids)? \_\_\_\_\_

Are you able to keep your pets separate from foster animals? \_\_\_\_\_

Where will the foster animals be housed? \_\_\_\_\_

Are your pets current on all vaccinations? (Rabies for all, DAPP and Kennel Cough for dogs, FVRCP, FeLV for cats) \_\_\_\_\_ Who is your regular veterinarian? \_\_\_\_\_

Foster animals must be brought back to CCAS for scheduled vaccinations/deworming, etc. Are you able to do this during regular business hours (M-F 8:30-5:30)? \_\_\_\_\_

How did you hear about our foster program? \_\_\_\_\_

**For Dog Fosters Only** Is your yard fully fenced? \_\_\_\_\_ What type of fence? (wood, chain link, etc.) \_\_\_\_\_

How high is the fence? \_\_\_\_\_ If your yard is not fenced, how will you exercise the dog(s)? \_\_\_\_\_

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_