FOSTER CARE APPLICATION

Shelter instructions: (1) Fill in blanks on **bold** lines below and the state at the end of the application. (2) Add, change or remove text depending on your needs and applicable state laws. (3) Copy and have foster care applicant fill out one application. (4) Keep the completed form confidential – ideally locked in a file drawer which is accessible only by essential shelter employees.

Shelter name:	hereafter "Shelter"
I, (nan agree that all statements in this application are made based on personal kno for purposes of my application to foster one or more animals through Shelte program.	ne of foster applicant), wledge and are made er's foster care
• I would like to foster Shelter-rescued animals.	
Number of animals I can foster	
☐ I have a preference for specific animals (List of their ID #'s):	
☐ If any of the animals I specified are unavailable, I am open to sub	ostitution.
Restrictions on the type of animal I can foster (For example, "No do "Only adult cats", etc.)	ogs over 30 lbs",
Where my foster animals will sleep at night:	
Where my foster animals will stay during the day when I am home:	
Where my foster animals will stay during the day when I am not ho	me:

connected to the foster care program	••	
My Name	Home Phone	
Address	Cell Phone	
City, State, Zip	Work Phone	
	Email*	
check email regularly, please tell us Social Security Number	how to best get in touch with you.	
Drivers License Number	State of Issuance	
Name, address and telephone number	er of my employer (or business, if self-employed)	
<u>-</u>	er of my employer (or business, if self-employed) Telephone	
Business Name		
Name, address and telephone numbers Business Name Address City, State, Zip		
Business Name Address City, State, Zip □ I own my home and am permitted □ I rent my home and am permitted Landlord's Name	Telephone My Position	
Business Name Address City, State, Zip □ I own my home and am permitted □ I rent my home and am permitted Landlord's Name Address	Telephone My Position Length of time with this employer d to bring an animal or animals into my dwelling. d to bring an animal or animals into my dwelling.	
Business Name Address City, State, Zip □ I own my home and am permitted □ I rent my home and am permitted Landlord's Name	Telephone My Position Length of time with this employer d to bring an animal or animals into my dwelling. d to bring an animal or animals into my dwelling.	
Business Name Address City, State, Zip □ I own my home and am permitted □ I rent my home and am permitted Landlord's Name Address City, State, Zip	Telephone My Position Length of time with this employer d to bring an animal or animals into my dwelling. d to bring an animal or animals into my dwelling.	

(2) all companion animals I have with me (including any fostered Details).	-	·		
Details for One Companion Annual				
Name Age ☐ Currently residing in my hor ☐ Lived in my home in the last What happened to him/her?		, -	Gendo	
			4	
□ Spayed/Neutered	☐ I am curr	ed this animal in the prently breeding this animal	imal.	
I had elective surgery performe	☐ I am curred on this animal ☐ Cat d	rently breeding this and leclawed Dog deb	imal.	
I had elective surgery performe ☐ Other (specify)	☐ I am curred on this animal ☐ Cat d	rently breeding this and leclawed Dog deb	imal. arked	
I had elective surgery performe ☐ Other (specify) Where I got this animal	□ I am curred on this animal □ Cat detected on this animal □ Cat	rently breeding this and leclawed □ Dog deb	imal. arked	
I had elective surgery performe ☐ Other (specify) Where I got this animal Percentage of time he/she spend	□ I am curred on this animal □ Cat described on this animal □	rently breeding this and leclawed Dog deb	arked	
I had elective surgery performe ☐ Other (specify) Where I got this animal Percentage of time he/she spend Where he/she sleeps at night	☐ I am curred on this animal ☐ Cat detected on this animal ☐ Cat	rently breeding this and declawed Dog deb	arked	
I had elective surgery performe ☐ Other (specify) Where I got this animal Percentage of time he/she spend Where he/she sleeps at night Where he/she stays during the Where he/she stays during the	☐ I am curred on this animal ☐ Cat detected on this animal ☐ Cat	rently breeding this and declawed Dog deb When:	arked	
I had elective surgery performe ☐ Other (specify) Where I got this animal Percentage of time he/she spend Where he/she sleeps at night Where he/she stays during the Where he/she stays during the	☐ I am curred on this animal ☐ Cat dedon this animal ☐ Cat dedonated dedonated and the curred day when I am home	rently breeding this and leclawed Dog deb When:	arked	

Name of specific veterinarian I use	Name of specific veterina	arian I use	
Clinic Name	Clinic Name		
Address	Address		
Telephone	Telephone		
I have been a client of this vet for	I have been a cli	ent of this vet for _	
Records are under the name of	Records are under	Records are under the name of	
		tact with my animal	
List of all people living in the house and their relationship to me (include	e and/or who have regular con e family, friends, domestic em	tact with my animalouployees, etc.):	
List of all people living in the house and their relationship to me (include	e and/or who have regular cone family, friends, domestic em	tact with my animal(aployees, etc.):	
List of all people living in the house and their relationship to me (include Name	e and/or who have regular cone family, friends, domestic em is my Relationship is my Relationship	tact with my animal(aployees, etc.):	
List of all people living in the house and their relationship to me (include Name	e and/or who have regular conce family, friends, domestic em is my is my is my relationship is my is my Relationship	tact with my animal(aployees, etc.):	
List of all people living in the house and their relationship to me (include Name	is my is my Relationship is my is my Relationship	tact with my animal(aployees, etc.):	
Name	e and/or who have regular conce family, friends, domestic em is my is my is my relationship is my is my Relationship	tact with my animal(aployees, etc.):	
List of all people living in the house and their relationship to me (include Name Name Name Name Name List of two references – people who	is my Relationship o know me (but are not related to my home recently:	tact with my animal(aployees, etc.):	
List of all people living in the house and their relationship to me (include Name Name Name	is my is my Relationship	tact with my animal(aployees, etc.):	

- I understand a Shelter representative may visit my home for a home inspection before my foster application is approved.
- I understand that if I am approved for fostering, I will also need to carefully read the "Foster Care Agreement," which is a separate document from this "Foster Care Application." The Foster Care Agreement represents the legal contract between a foster caregiver and Shelter. I understand that if I am approved to foster an animal, I must review the Foster Care Agreement before I can take my foster animal home. I further understand that I will be asked to agree to the terms of the Agreement and sign the Agreement before I can take my foster animal home.

document are	is Application in its entirety, a made by me, and are truthful. the laws of the state(s) of	_	
Signature		Date	
Print name			