

**Foster Care Application**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Can you keep them separated?    Y   Y   N   **N**

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

Have you had any training that may be pertinent for fostering? \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

During the day are you at:    Work    School    Home

Email address: \_\_\_\_\_

If you work or go to school, is it:                    FT            PT

Age: \_\_\_\_\_ (must be 18 years or older)

Living Accommodations:

Rent    Own    Other: \_\_\_\_\_

What is your availability? \_\_\_\_\_

Does your landlord allow pets?                    Y            N

Do you have a fenced yard?                    Y            N

Are your windows screened?                    Y            N

What arrangements would you make when you are not home? \_\_\_\_\_  
\_\_\_\_\_

Describe where the foster animals would stay:  
\_\_\_\_\_

What kind of pets would you like to foster?

Do you have any children?                    Y            N

If yes, what are their ages? \_\_\_\_\_

Dogs:    Adult Dog

- Mother and puppies
- Orphaned puppies
- Sick/injured adult dog
- Behavioural/training issues
- Any

Does anyone in your house have animal allergies?                    Y            N

If yes, how would you cope? \_\_\_\_\_  
\_\_\_\_\_

Cats:

- Adult Cat
- Mother and kittens
- Bottle feeding kittens
- Orphaned kittens
- Sick/injured adult cat
- Sick/injured kitten
- Any

Do you have any other pets?                    Y            N

If yes, how many? \_\_\_\_\_

Breed(s): \_\_\_\_\_

Sex (es): \_\_\_\_\_

Age(s): \_\_\_\_\_

Are your pets spayed/neutered?                    Y            N

If no, please explain: \_\_\_\_\_

Rabbits

Small animals (Mouse, Guinea pig, Rat, etc.)

Birds

Reptiles

Any animal

When are you able to start? \_\_\_\_\_

Any chronic illnesses?                    Y            N

Are you available on holidays?                    Y            N

If yes, please explain: \_\_\_\_\_

**REFERENCES**

Please authorize your veterinarian to release information to the KHS.

If you do not have a veterinarian (for current or previously owned pets), please list a personal reference.

**Reference #1: Veterinarian**

Name: \_\_\_\_\_

City: \_\_\_\_\_

Tel: \_\_\_\_\_

**Reference #2: Personal**

Name: \_\_\_\_\_

City: \_\_\_\_\_

Tel: \_\_\_\_\_