

Foster Care Application

Date: _____

Name: _____

Can you keep them separated? Y 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 (circle):

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 (circle): 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 (circle): 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): _____

Rodents
Birds
Reptiles

Are your pets spayed/neutered? Y N

When are you able to start? _____

If no, please explain: _____

Are you available on holidays? Y N

Any chronic illnesses? Y N

If yes, please explain: _____