



SHELTER PET PARTNERS
P. O. BOX 2054
EL CAJON, CA 92021
PHONE: (619) 866-6035

FOSTER FAMILY APPLICATION

PLEASE PRINT:

Name: _____ Date: _____

Address: _____ City/Zip: _____

Occupation: _____ Employer: _____

Phone: Home _____ Work _____ Cell _____

Spouse/Roommate: _____

Spouse/Roommate Occupation: _____ Employer: _____

Phone: Home _____ Work _____ Cell _____

Does your spouse/roommate understand the time & possible financial impact that goes into caring for foster animals & are they in agreement with you regarding the care of animals placed in your temporary custody?

Yes No

Ages of children at home: _____

Why do you want to provide a foster home? _____

Have you fostered animals in your home before? Yes No

If yes, what rescue group or shelter did you foster for? _____

If yes, did you care for: young kittens young puppies Other: _____

Do you have a veterinarian? Yes No

If yes, please provide the name and phone number of your vet: _____

1) Please check the ways you can help:

- Young kittens without nursing mother. May need bottle-feeding every 3-4 hours for first 3-4 weeks.
- Nursing cat & kittens
- Injured animals
- Nursing dog & puppies
- Very young puppies without nursing mother. Would need bottle feeding every 3-4 hours for first 3-4 weeks.
- Adult dogs: Small _____ Large _____ Either _____ Male _____ Female _____
- Adult cats: Male _____ Female _____ Either _____

2) What animals presently live in your home? # of dogs: _____ # of cats: _____

Other: _____

a. Provide breed or description, sex, and ages of all pets: _____

b. Spayed / Neutered? Yes No

c. Licensed (dogs)? Yes No

- 3) Do you have a fenced yard? Yes No If yes, how high is it? _____
 Type of fence: _____ Same height all around? Yes No
 If not, lowest height? _____
- 4) Do you: Own Rent House Condo Apt Mobile Home
 If renting, please provide name and telephone number of landlord: _____
- 5) Do you have screens on all of your windows? Yes No
- 6) How many hours per day will your foster pets be left alone? _____
- 7) Describe the area where you intend to house the foster pet(s). Please be specific. Outside:
 (i.e., fenced yard, dog run, kennel, enclosure, etc). Inside: (specify
 room): _____

KITTENS AND CATS MUST BE KEPT INDOORS AT ALL TIMES – NO EXCEPTIONS

- 8) Is anyone in your home allergic to animals? Yes No
 If yes, are they are on allergy medication? Yes No
- 9) If on vacation, who will be responsible for your pets?

- 10) How would you deal with a potential problem, such as housebreaking, barking, digging,
 scratching or chewing?

- 11) Under what circumstances would you not keep these foster
 pet(s)? _____
- 12) Will you need assistance with food/animal care products? Yes No
- 13) Would you object to an inspection of your premises by a representative of Shelter Pet
 Partners?
 Yes No
- 14) Are you willing to network the foster pet(s), interview prospective adopters, take foster
 pets(s) to adoption events and to vet appointments if necessary? Yes No
- 15) How did you find out about our Foster Program? _____

A member of our organization will call to schedule a home visit and to answer any further
 questions you may have. What is the best time to contact you and at which number?

IN ORDER TO PROTECT YOUR OWN PETS
 it is essential that they are up to date on the following
 vaccinations:
 CATS: FVRCP, FELV & FIP
 DOGS: DHLPP

Signature: _____ Date: _____

SPP Representative: _____ Date: _____

Rev. 11.03.14

Your application may be emailed to
shelterpetpartners@gmail.com,
 faxed to 1.866.809.7277
 or sent via mail to:
 Shelter Pet Partners
 PO Box 2054, El Cajon, CA 92021