

Small Animal Adoption Center Foster Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Do you own or rent your home? _____ Own _____ Rent

If you rent, do you have permission to have pets? _____ Yes _____ No

How many adults and children live in the home? _____ Adults _____ Children

Children ages: _____

What pet care experience do you have: _____

Do you currently own any other pets/animals: _____ Yes _____ No

If yes, list species and how many: _____

Are all of your animals UTD on vaccinations? _____ Yes _____ No _____ N/A

Are your dogs/cats spayed/ neutered? _____ Yes _____ No _____ N/A

If fostering a cat, are your current cats Negative for FIV/FELV? _____ Yes _____ No _____ N/A

Are you able to transport your foster to and from Vet appointments? _____ Yes _____ No

Do you have a private space away from your pets to keep your foster? _____ Yes _____ No