

## FOSTER CARE APPLICATION

Shelter name:     Jacksonville Animal Shelter     hereafter "Shelter"

I, \_\_\_\_\_ (name of foster applicant), agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to foster one or more animals through Shelter's foster care program.

• 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 substitution.

Restrictions on the type of animal I can foster (For example, "No dogs over 30 lbs", "Only adult cats", etc.)

\_\_\_\_\_

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** home:

\_\_\_\_\_

I understand that Shelter is very concerned about the security and safety of my foster animal and all the animals in its custody, as well as its ability to keep track of all animals rescued. I understand Shelter will not share this information for any reasons not connected to the foster care program or applicable lawsuits.

\_\_\_\_\_ My Name  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip  
\_\_\_\_\_ Home Phone  
\_\_\_\_\_ Cell Phone  
\_\_\_\_\_ Work Phone  
\_\_\_\_\_ Email\*

\*Email will be the primary method of communication from Shelter, so if you do not check email regularly, please tell us how to best get in touch with you.

Drivers License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Name, address and telephone number of my employer (or business, if self-employed):

\_\_\_\_\_ Business Name  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

- I **own** my home
- I **rent** my home and am permitted to bring animals into my home

Length of time at this residence: \_\_\_\_\_

I have a fenced-in yard.

Height of fence \_\_\_\_\_ What is it made of? \_\_\_\_\_

The fence has a gate.

The gate has a lock. Description of the latching and locking mechanism:

---

Please make as many copies as you need of this page.

- I have \_\_\_\_\_ companion animals at my home currently.

I have copied this page (one for each animal), and I have provided details for  
(1) all companion animals currently at my home, followed by  
(2) all companion animals I have had at my home in the last 5 years who are no longer with me (including any fostered animals).

### Details for One Companion Animal

Name, Age, Species, Gender (dog, cat, etc) Breed (for dogs only)

\_\_\_\_\_

- Currently residing in my home.
- Lived in my home in the last 5 years, but no longer with me. What happened to him/her?  
\_\_\_\_\_
- Spayed/Neutered  I have bred this animal in the past.  I am currently breeding this animal.

I had elective surgery performed on this animal  Cat declawed  Dog debarked  
 Other (specify) \_\_\_\_\_

Where I got this animal

\_\_\_\_\_

Percentage of time he/she spends outside \_\_\_\_\_

Where he/she sleeps at night \_\_\_\_\_

Where he/she stays during the day when I am at home \_\_\_\_\_

Where he/she stays during the day when I am **not** home \_\_\_\_\_

- The name of the veterinarian(s) I use for my companion animals is (if more than one, please list all veterinarians consulted in the last 5 years; provide additional sheets for additional veterinarians):

\_\_\_\_\_ Name of specific veterinarian I use

\_\_\_\_\_ Clinic Name

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone

I have been a client of this vet for \_\_\_\_\_ Records are under the name of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Name of specific veterinarian I use

\_\_\_\_\_ Clinic Name

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone

I have been a client of this vet for \_\_\_\_\_ Records are under the name of \_\_\_\_\_

\_\_\_\_\_

- I have \_\_\_\_\_ children in the house. Ages:

\_\_\_\_\_ List of all people living in the house and/or who have regular contact with my animal(s)

and their relationship to me (include family, friends, domestic employees, etc.):

\_\_\_\_\_

\_\_\_\_\_

---

---

---

• List of two references – people who know me (but are not related to me) and my companion animals and have been to my home recently. Please include phone number:

---

---

- 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.
- I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful.

Signature

\_\_\_\_\_ Print name

---

\_\_\_\_\_ Date

Please drop off your form at the shelter or it mail to

Jacksonville Animal Shelter

217 South Redmond Road

Jacksonville, AR 72076

Thank you for your interest in helping us save them all!