

Date & Time: _____

FOSTER APPLICATION

Animal's Name: _____ Animal ID #: _____

FILL OUT THE FOLLOWING APPLICATION IN ITS ENTIRETY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address (Please write clearly): _____

Place of Employment: _____

Driver's License/State ID number: _____

Type of Housing (Circle One): Single Family Home Apartment Townhome Dorm Farm Mobile Home

Other _____ Rent/Own? _____

Landlord's Name and Phone Number: _____

HOUSEHOLD INFORMATION

Please describe your household: (Circle One) Active Noisy Quiet Average Busy Other? _____

Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, daughter, etc.) Failure to fully disclose this information will result in immediate foster denial.

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Name and age: _____ Relationship: _____

Does anyone in the household have allergies to any kind of animals? _____

Is everyone in the household in agreement with the decision to foster an animal? _____

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? _____

CURRENT PET INFORMATION

Animal Type Dog/Cat/Other	Breed / Name	Age	Gender M/F	Altered Spayed / Neutered Y/N	How long have you owned the animal?	Kept Inside/Outside/ Both?	Up-to- date on vaccines?

Regular Veterinarian Information: _____

FOSTER ANIMAL

Who will be responsible for the care of this animal? _____

Where will this animal stay during the day? _____ At night? _____

How will you ensure this animal will not escape in your care? _____

If this animal is not altered, how will you prevent this pet from becoming pregnant or impregnating a female while in your care? _____

REFERENCES

Please provide 3 references that we can contact:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

I certify that I have read the above information and that all information I have given is true and accurate and is subject to verification by SVASC.

Signature

Printed Name

Date

Driver's License State and Number: _____
Please be prepared to show ID.