



Animal Care & Services

FOSTER PAL APPLICATION

Name _____ Phone Number(s) _____

Street Address _____ City & Zip Code _____

How long have you lived at your present address? _____ Own ___ Rent _____

How many adults in household? _____ Children _____ Ages of children _____

Have you ever fostered an animal before? Y / N

Please list all of your current pets including small caged pets and barnyard animals.

TYPE OF PET AGE SEX (please indicate spayed or neutered)

Please check the type of animals you are interested in fostering

- Mom cats with kittens Kittens
 Cats/kittens with upper respiratory infection
 Mom dogs with puppies Puppies
 Dogs/puppies with kennel cough
 Other animals.

Have you had experience with the types of animals you checked? _____

Can you give medication in the form of pills and liquids? _____

Length of time during the day your foster animal would be left alone? _____

Where will your foster animal be kept: day _____ night _____

Do you understand that all foster animals are the property of the City of San José and must be returned to the Animal Care Center upon request? _____

Signature _____

Date _____