

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? _____ How was your experience? _____

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 that have an Upper Respiratory Infection

_____ Mom Dogs with Puppies

_____ Puppies

_____ Dogs/Puppies with Kennel Cough

_____ Other animals. Please explain _____

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 during the day _____

Where will your foster animal be kept at night? _____

How did you hear about our Foster Pal Program? _____

Signature _____ Date _____