

FOSTER APPLICATION Animal Outreach

Date _____

Applicants Name _____ Phone _____

Email _____

Address _____ City _____ Zip _____

This form is to help us help you find the best match for you and the animals in need of foster care. To foster a pet/s you:

- Need to show current identification showing your current address.
- Must be at least 18 years of age.

Which pets are you willing to foster? (Please check all that apply)

Adult cat/s _____ Kittens _____ Special needs kittens (URI, ringworm etc.) _____ Feral Mom & Kittens _____

Mother cat with litter _____ Kittens who need bottle feeding _____

Are you willing to administer meds if needed _____ Are you willing to transport to and from AO clinic and adoption site _____

Do you live in: Apartment _____ House _____ Mobile Home _____ Other _____ Do you: Rent _____ Own _____

Your Landlord has approved your fostering _____ Landlords Name _____ Phone# _____

Adults in Home _____ Children _____ Ages of Children _____

Do you have a place in your home where the animals can be kept isolated from family pets (This may be a room within your home) Yes _____ No _____ If yes please describe the location(s): _____

Do you work Full Time Yes _____ Do you work Part Time Yes _____ How many hours per day are you home? _____

How many pets do you have presently Dogs _____ Cats _____ Others _____

How often do they go to the veterinarian? _____

Are any of your cats declawed? Yes _____ No _____ If yes please explain: _____

Are all of your pets spayed or neutered? Yes _____ No _____

If you ever lost a pet due to illness or accident, please describe what happened _____

Have you ever had a cat in your home that was diagnosed with Panleukopenia? Yes _____ No _____

Do you currently have a cat in your home that is diagnosed with FIV or Feline Leukemia?

FIV Yes _____ No _____ Feline Leukemia Yes _____ No _____ If Yes describe the circumstances: _____

Veterinary Care Provider: Name _____ Phone# _____

____ I acknowledge that all of the above information is accurate and truthful.

Signature Applicant _____ Date _____

Foster Coordinators Name _____ Date _____