



## FOSTER CARE PROFILE

Please answer each question as completely and candidly as possible. This information will help us to determine which foster animal(s) will be most compatible with your home and lifestyle.

AM INTERESTED IN PROVIDING FOSTER CARE FOR (PLEASE CIRCLE ALL THAT APPLY)

Dogs: Individual Puppies   Small Litter   Large Litter   Mother w/Litter   Adult Dog

Cats: Individual Kittens   Small Litter   Large Litter   Mother w/Litter   Adult Cat

Other: (describe) \_\_\_\_\_

### PERSONAL DATA (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

### HOUSEHOLD INFORMATION

Living Accommodations      Rent      Own Home      Other

- Landlord/Apt. Manager's Name/Phone # \_\_\_\_\_
- Does your lease allow pets?   Yes   No
- Describe where your foster animal(s) will be kept \_\_\_\_\_

Do you have a fenced in yard?   Yes   No

Are your windows screened?   Yes   No

In addition to yourself, how many adults live in your home? \_\_\_\_\_

Do you live with parents?   Yes   No   Roomates?   Yes   No

How many children live in (or visit regularly) in your home? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Do you or any members of your household have allergies to pets?   Y   N

If yes, how will you cope with these allergies? \_\_\_\_\_

**ANIMAL CARE INFORMATION**

Do you have pets of your own at this time? Yes No  
Please list the pets you currently own:

Breed          Sex          Age          Spayed/Neutered?

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Name and phone # of your present Veterinarian \_\_\_\_\_

Have you ever had pets before? Yes No

What experience do you have in caring for sick or orphaned animals?

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**SCHEDULING INFORMATION**

How much time can you devote to foster Care:

During the day? \_\_\_\_\_ In the evenings? \_\_\_\_\_ On weekends \_\_\_\_\_

On vacations/holidays? \_\_\_\_\_. Who will care for your foster animal(s)  
when you are not at home? \_\_\_\_\_

Fostering infant animals, litters, or animals recovering from illness or surgery  
requires a time commitment of 1-8 weeks or more. How many consecutive  
weeks are you prepared to care for fosters? \_\_\_\_\_

\_\_\_\_\_  
FOSTER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FOSTER SIGNATURE

\_\_\_\_\_  
DATE