



# the animal center

## The Animal Center Foster Care Application

This form is to help us help you find the best match for you and the animals in need of foster care.

To foster you:

Need to show current identification showing present address.

Must be at least 21 years of age.

Your name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #s with area codes: Home: \_\_\_\_\_

Work or Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Adult cat     Kittens     Mom cat with litter     Kittens who need bottle feeding

### Home life

How many pets do you have presently? \_\_\_\_\_ Dogs    \_\_\_\_\_ Cats

\_\_\_\_\_ Others (please list here): \_\_\_\_\_

Do you live in:  Apartment     House     Mobile Home     Other: \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

How would you describe your household:  Active     Quiet     Other

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): \_\_\_\_\_

Name(s) of other adult(s) in the household \_\_\_\_\_

Do you have any children living in your home?  Yes     No

If yes, please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current pets**

Name	Type of animal	Age	Time in your care	Indoor/Outdoor?	Spayed/Neutered
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more pets, please continue on the back

Do your pets have their vaccinations?  Yes  No

Are any of your cats declawed?  Yes  No

**Past Pets**

If you don't presently have pets, have you had pets in the past?  Yes  No

If yes, when and what species? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a cat in your home who was diagnosed with Panleukopenia?

Yes  No If yes, when? \_\_\_\_\_ Describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_

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

FIV?  Yes  No Feline Leukemia?  Yes  No

If yes, when? \_\_\_\_\_ Describe circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**Veterinary care**

Name & phone number of your veterinarian \_\_\_\_\_  
\_\_\_\_\_

By signing this form, I acknowledge that all information on this form is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_