



Foster Application

Name			Date	
Address		City	State	Zip
Home Phone	Alternate Phone	Email Address		
How long have you lived at this address? Years: _____ Months: _____	Do you plan to move soon?	Do you live in a Home <input type="checkbox"/> Apartment <input type="checkbox"/>	Do you Own <input type="checkbox"/> Rent <input type="checkbox"/>	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of adults in the household	Number and ages of children in the household			
Landlord/Management Company's Name	Phone Number	Does your landlord allow pets? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need permission to have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>		

List all pets currently in your household				
Animal/Breed	Sex	Spayed or Neutered	Age of Pet	Current on vaccinations?
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Foster Interests and Availability	
Are you available for Emergency placement? Yes <input type="checkbox"/> No <input type="checkbox"/> Short term placement? Yes <input type="checkbox"/> No <input type="checkbox"/> Longer term placement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to foster Dogs? Yes <input type="checkbox"/> No <input type="checkbox"/> Puppies? Yes <input type="checkbox"/> No <input type="checkbox"/> Dogs & puppies Yes <input type="checkbox"/> No <input type="checkbox"/> Restrictions (i.e. small dogs only): Cats? Yes <input type="checkbox"/> No <input type="checkbox"/> Kittens? Yes <input type="checkbox"/> No <input type="checkbox"/> Cats & kittens? Yes <input type="checkbox"/> No <input type="checkbox"/>
What types of animals or conditions are you not willing to work with?	
Are you interested in being on call for the temporary care of animals requiring bottle-feeding? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you keep foster animals separate from your animals? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to transport animal(s) to OFOSA's outreach adoption sites? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature	Date
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