

FOSTER CARE APPLICATION



ALL FOSTER PLACEMENTS ARE SUBJECT TO APPROVAL AT THE SOLE DISCRETION OF FOSTER CARE MANAGEMENT. If your application is approved, you will be called for an interview.

Name _____ CA Identification # _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number (_____) _____ Evening Phone Number (_____) _____

Email _____ Occupation _____

Do you (check all that apply): Live with someone else? Live with parents/guardian
Are there children in the household? No Yes: Age(s) _____
Does anyone in the household have allergies or asthma? No Yes

Do you: Rent Own Housing type: House Apartment Condo/Townhome/Duplex
If renting/leasing: Property Manager _____ Property Manager phone _____

Where will the animal(s) be kept? _____

How many hours in a day could the animal be left alone? _____

Do you have pets now and if so, how many? No Yes (indicate below):
Dog: How many? _____ Cat: How many? _____ Other _____ How many? _____

Have you had pets in the past? _____

ESSAY QUESTION: *Why would you be a great foster parent for baby animals?*

Please use the space below or attach an additional sheet.

FOSTER PARENT APPLICANT:

Signature _____ Date _____

I would like to be informed of activities in my community involving animals!