



# SONOMA COUNTY ANIMAL SERVICES

## Foster Care Application

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I live in a:     house     condo     apartment     mobile home

How long have you lived at this address? \_\_\_\_\_  own home     rent

If you rent, has your landlord approved your having pets / fostering for the shelter? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Landlord's phone #: \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ How many children (list ages)? \_\_\_\_\_

Who will be primarily responsible for the animal while at your home? \_\_\_\_\_

How many hours a day will the animal(s) be left alone? \_\_\_\_\_

Where will the animal(s) be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Do you have a fully fenced yard? \_\_\_\_\_ Height of fence \_\_\_\_\_ Type of fence \_\_\_\_\_

List all pets currently living at your home:

Breed / Type	Age	Sex	Spayed/Neutered?	Time Owned

Are your pets' vaccines current (cats: FVRCP, FeLV, rabies / dogs: DHLPP, Bordatella, rabies)? \_\_\_\_\_

Name of your veterinarian: \_\_\_\_\_

**I can foster (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Mother cat with kittens<br><input type="checkbox"/> Kittens that need bottle feeding (every 2 hours)<br><input type="checkbox"/> Healthy kittens eating on own (4-8 weeks old)<br><input type="checkbox"/> Healthy kittens that need socialization<br><input type="checkbox"/> Healthy cats that need socialization<br><input type="checkbox"/> Contagious kittens that need medication<br><input type="checkbox"/> Contagious cats that need medication<br><input type="checkbox"/> Injured cats needing rest / rehabilitation | <input type="checkbox"/> Mother Dog with puppies<br><input type="checkbox"/> Puppies needing bottle feeding (every 2 hours)<br><input type="checkbox"/> Single puppies eating on own (4-8 weeks old)<br><input type="checkbox"/> Litters of puppies eating on their own<br><input type="checkbox"/> Healthy dogs needing socialization<br><input type="checkbox"/> Contagious dogs that need medication<br><input type="checkbox"/> Injured dogs needing rest / rehabilitation<br><input type="checkbox"/> Other (list): _____ |
|--|--|

If you've fostered before, for what groups? \_\_\_\_\_