

# Foster Application



Name:

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

Address:

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address:

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Telephone numbers: (home): \_\_\_\_\_

(work): \_\_\_\_\_ (cell): \_\_\_\_\_

Type of residence:    House         Apartment/Condo         Mobile Home

Farm/Barn

If rental, are cats allowed?:    Yes         No

Complex name/address:

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Manager/Landlord:

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Phone number:

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Applicant Age:    Over 21         Under 21

Number of People in Household: \_\_\_\_\_

Family's age group:    18 & under         18-60         Over 60

If children are in the household, please list ages:

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What other pets are in your household?

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Type of Pet?

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Years Owned?

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Spay/Neutered?

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Name of Veterinarian: \_\_\_\_\_

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

Phone: \_\_\_\_\_

What type of animal are you willing to foster?    Dog    Cat    Rabbit    Farm animal

Other \_\_\_\_\_

Will you be able to spend quality time with the foster animal(s)?    Yes    No

How many hours a day will the animal be alone?    0 - 2    3 - 5    6 - 8    9 or more

Have you ever fostered prior to applying with The Rescue Project?    Yes    No If Yes, please explain?

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