

Foster Volunteer Application

Name: _____ Date: _____
 Address: _____ Home #: _____
 City _____ State _____ Cell #: _____
 Zip: _____ County: _____ Work #: _____
 E-mail: _____
 Employer Name: _____

How long have you lived at the above address? _____

Check one for your current housing: House Apartment Mobile Home
 Townhouse Condo

Do you own? or rent?

If renting, does your lease allow pets? Yes No

Animal you are interested in fostering: Cats Kittens Dog Puppies

For what length of time can you foster an animal? Short Term Long Term

Number of adults in the household: _____

Number of children in the household: _____

Ages of children: _____

Please list any pets that currently live in your household:

| Name | Breed | Age | Gender | S/N | Gets along with dogs/ Cats |
|-------|-------|-------|---|---|---|
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

Has a dog died on your premises in the last three months from distemper, parvo or unknown causes? Yes No

Where do your current pets live? Indoor Outdoor Indoor/Outdoor

Is there a yard available? Yes No

Is it completely fenced? Yes No How high is the fence? _____

What kind of fence? Privacy Chain-link Other _____

Are your pets up-to-date on their shots? Yes No

Vet or veterinary clinic name: _____

Phone: _____

Would you object to an ACRF representative conducting a home visit? Yes No

Any additional information about your formal or informal experience/training working with animals: _____

Personal reference:

Name: _____

Address: _____

Phone: _____

Please note: ACRF is an independent non-profit organization. In signing this form, you attest that you agree to release ACRF and its representatives from all liability for any injury or damage that may be caused by a cat or dog to any person or property in your party.

I attest that the above information is accurate: _____

Your signature

4.23.2008

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Reviewed by (ACRF) _____

Adoption approved? Yes No

Verified by (ACRF) _____

Comments: _____

