

Clarke County Animal Shelter Foster Application

Today's Date: _____ Name: _____

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail:

Foster Home Information

Human Household Members	Age	How will they be involved in care?

Animal Household Members	Age	Breed	Sex	Date of Rabies Vaccination

Name of Vet Clinic: _____

Phone # _____

In order to be approved to foster for Clarke County Animal Shelter, all animals in your home must be vaccinated against rabies.

Please consult your veterinarian about fostering. They may recommend additional vaccinations to protect your pets.

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Do you own or rent?

If needed, do you have approval to have a foster pet in your home? ___ Yes ___ No

Describe where you will be keeping the foster animals, including how you will separate them from your own animals, if applicable:

Approximately how long, on an average day, will foster animals be left alone in the home (without people to monitor eating, behavior and elimination)?

Previous experience with animals:

Are you currently or have you previously fostered for any other humane organization? If so, which one?

My household is able to foster: (check all that apply)

Cats and Kittens		Dogs and Puppies	
	Pregnant cat		Pregnant dog
	Nursing mother cat and litter		Nursing mother dog and litter
	Kittens: 0-4 weeks of age		Puppies: 0-4 weeks of age
	Older kittens: 4-10 weeks of age		Older puppies: 4-10 weeks of age
	Adult cat		Adult dog
	Recovering from injury or surgery		Recovering from injury or surgery
	On treatment for a cold		On treatment for a cold
	On treatment for ringworm		On treatment for ringworm
	Needing behavioral modification / socialization		Needing behavioral modification

Anything else you would like to share about yourself or your experience?
