



FOSTER HOME APPLICATION

Name: _____

Address: _____

City / State / Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Employer: _____

Job Title: _____

May we contact your employer for a reference? Yes No

If yes, please provide employer's name and phone:

Tell us about your pets (past and present):

If you have pets, who is your veterinarian?

Name: _____

Address: _____

Phone: _____

Do you work/have you worked with any other animal rescue organizations? Yes No

If so, please provide contact information:

Organization: _____

Contact Person: _____

Phone: _____

Tell us about your home where you plan to house fostered animals:

Own Rent

If rented, please provide landlord's name and phone:

Who lives there?

Adults (name, relationship, age):

Children (ages):

Do all adults agree to the use of the home as a foster facility? Yes No

When will someone be home to care for fostered animals?

Morning Afternoon Evening Weekends Holidays

Describe your property (house size/layout, yard size/layout, fencing, neighbors, etc.)

Are you willing to have a home visit from shelter staff? Yes No

What types of pets are you able/willing to foster?

Dogs Puppies Cats Kittens Mother/litter Senior Special needs

Other species: _____ Pet sitting

Please describe your animal-related experience (paid or volunteer):

Shelter _____

Veterinary hospital/clinic _____

Boarding facility _____

Foster home _____

Grooming _____

Training _____

Pet sitting _____

Farm animals _____

Other (describe) _____

Why do you want to volunteer for WCAS?

Have you been convicted of a crime? Yes No

If yes, please explain:

Do you agree to undergo a background check if requested? Yes No

Any general comments you would like to add?

REFERENCES

(1) Name: _____ Relationship: _____

Phone: _____

(2) Name: _____ Relationship: _____

Phone: _____

(3) Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____

By completing this application, I confirm that I understand that veterinary care for the WCAS shelter animal that is provided at Town & Country Veterinary Clinic in Wautoma will be covered by the shelter; if the animal is taken elsewhere for veterinary care, the foster family must pay the cost of care up front and submit a receipt to WCAS for reimbursement.

Parent/guardian signature (for applicants under age 18):

Name: _____

Signature: _____

Phone: _____

Applicant signature: _____

Date: _____