



Alliance  
For  
Animals



### VOLUNTEER FOSTER CARE APPLICATION

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

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

Street

\_\_\_\_\_

City

Zip Code

Telephone(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Do you have any animals in your home at this time? \_\_\_\_\_

If yes, types and ages: \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_ Do any go outside?: \_\_\_\_\_

Are you able to provide separate accommodations for the foster animal? \_\_\_\_\_

Describe accommodations: \_\_\_\_\_

\_\_\_\_\_

What type of foster care are you able to provide? *Please check all that apply:*

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Number \_\_\_\_\_

Puppy(s) \_\_\_\_\_ Kitten(s) \_\_\_\_\_ Orphans \_\_\_\_\_ Litters \_\_\_\_\_

Sick/injured animals \_\_\_\_\_ Behavior assistance \_\_\_\_\_

Short-term or longer-term? \_\_\_\_\_

Describe your ideal foster care situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any limitations or restrictions you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel you will be able to return the animal(s) at the end of the foster period without being too attached? \_\_\_\_\_

Describe safety features or precautions you will take to ensure that animal(s) do not get lost or injured: \_\_\_\_\_

Are you able to provide food and supplies for your foster care animal? \_\_\_\_\_

Are you willing to discuss the animal with potential adopters via telephone or email? \_\_\_\_

Are you willing to have potential adopters visit the animal in your home? \_\_\_\_\_

Are you willing to bring the animal to the shelter for viewing? \_\_\_\_\_

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**For Dogs:**

Yard? \_\_\_\_\_ Fence? (Type) \_\_\_\_\_ Height \_\_\_\_\_

Where will dog be walked? \_\_\_\_\_ Frequency \_\_\_\_\_

Where will dog sleep? \_\_\_\_\_ Will dog be crated? \_\_\_\_ How long? \_\_\_\_

How many hours per day will you be away? \_\_\_\_\_

**For Cats:**

Separate room available? \_\_\_\_ Describe: \_\_\_\_\_

Are all doors and windows secure? \_\_\_\_\_

Under what circumstances will cat(s) be allowed out of separate area? \_\_\_\_\_

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Comments:

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

Staff Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_