



# Rohnert Park Animal Shelter

*Where Friends Become Family*

## Foster Care Application

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Children's names/ages \_\_\_\_\_

Housing:  House  Apt.  Condo  Townhouse  Mobile Home  Duplex  Military

How long have you lived at current address? \_\_\_\_\_ Do You:  Own  Rent  Live with parents

Landlord/parents' Name \_\_\_\_\_ Phone \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ Children? \_\_\_\_\_ ages \_\_\_\_\_

Do you work away from your home? \_\_\_\_\_ Number of hours each day? \_\_\_\_\_

Where will foster animals be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How long each day will the animals be alone? \_\_\_\_\_ Where will they be when alone? \_\_\_\_\_

Who will be responsible for the care of the foster animal? \_\_\_\_\_

### How will you keep your foster animal confined to your property? (check all that apply)

In house  Supervision  Fenced yard  Enclosure  Garage Other \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Material of fence? \_\_\_\_\_ Height? \_\_\_\_\_

### Other Pets in Household:

Type	Age	Sex	Altered?	Kept Where?	Vaccinated?
		__M __F	__yes __no	__in __out __both	__yes __no
		__M __F	__yes __no	__in __out __both	__yes __no
		__M __F	__yes __no	__in __out __both	__yes __no
		__M __F	__yes __no	__in __out __both	__yes __no
		__M __F	__yes __no	__in __out __both	__yes __no
		__M __F	__yes __no	__in __out __both	__yes __no

-OVER-

**Cat Experience:**     First-time owner         Have had one or two         Knowledgeable/Experienced

**Do you know how to:** Give a cat a pill?\_\_\_\_\_ Give liquid medication?\_\_\_\_\_ Apply eye ointment?\_\_\_\_\_

Give SQ fluids?\_\_\_\_\_ Clip nails?\_\_\_\_\_ Give cats/kittens baths?\_\_\_\_\_

**Dog Experience:**     First-time owner         Have had one or two         Knowledgeable/Experienced

**Do you know how to:** Give a dog a pill?\_\_\_\_\_ Give liquid medication?\_\_\_\_\_ Apply eye ointment?\_\_\_\_\_

Give SQ fluids?\_\_\_\_\_ Clip nails?\_\_\_\_\_ Give dogs/puppies baths?\_\_\_\_\_

Have you ever fostered before? describe:\_\_\_\_\_

\_\_\_\_\_

How did you hear of our foster program?\_\_\_\_\_

Are you currently looking to add a cat to your family?\_\_\_\_\_

**Please rank in order your preference in foster situations:**

\_\_\_\_\_ Bottle baby kittens (under 4 weeks of age), number you can house at one time\_\_\_\_\_

\_\_\_\_\_ Young but healthy kittens (4-8 weeks of age), number you can house at one time\_\_\_\_\_

\_\_\_\_\_ Sick kittens/cats that need medication/may be contagious to other cats, number you can house\_\_\_\_\_

\_\_\_\_\_ Mom cat with litter, how many separate litters can you house?\_\_\_\_\_

\_\_\_\_\_ Bottle baby puppies (under 4 weeks of age), number you can house at one time\_\_\_\_\_

\_\_\_\_\_ Young but healthy puppies (4-8 weeks of age), number you can house at one time\_\_\_\_\_

\_\_\_\_\_ Sick puppies/dogs that need medication/may be contagious to other dogs, number you can house\_\_\_\_\_

\_\_\_\_\_ Mom dog with litter, how many separate litters can you house?\_\_\_\_\_

Size of dog you can handle:    \_\_\_\_\_under 25 lbs.    \_\_\_\_\_25-65 lbs.    \_\_\_\_\_65 lbs-100 lbs.    \_\_\_\_\_100 lbs +

\_\_\_\_\_ Other animals? Please list\_\_\_\_\_

I declare that the above information is complete and truthful and I understand that misrepresentation on this application is just cause for dismissal from the foster care program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Orientation\_\_\_\_\_

Notes: \_\_\_\_\_

Foster Care Meeting\_\_\_\_\_

\_\_\_\_\_

Home Inspection\_\_\_\_\_

\_\_\_\_\_

Landlord approval?\_\_\_\_\_ date\_\_\_\_\_ by\_\_\_\_\_