



Daphne Animal Shelter

Foster Care Application

Name: _____

Street Address: _____ City/State: _____

Phone (H): _____ (W): _____ (Cell): _____

E-mail address: _____ Driver's License Info.: _____

Are you currently a DAS volunteer? YES NO Former Volunteer? YES NO

Have you ever served as a foster parent for this, or any other organization? Please identify: _____

Do you have any prior experience with cats or dogs? Please describe: _____

What kind of animal(s) would you like to foster? (circle all that apply)

- | | |
|--|--|
| Mother with kittens | Mother with puppies |
| Litter of orphaned kittens | Litter of orphaned puppies |
| Cat with special health needs | Dog with special needs |
| Cat with special behavioral needs (e.g. shy) | Dog with special behavioral needs (e.g. shy) |
| Cat with medical needs (illness/injury) | Dog with medical needs (illness/injury) |
| Protective custody cat | Protective custody dog |

Please identify the number & type of pets you currently have:

Name	Type/Breed	Sex	Spayed/ Neutered?	Age	How long have you owned?	Lives outside?
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Have you had any other pets within the last 5 years? YES NO If YES, please explain: (e.g., how/why they passed away, why/where they were given away, etc.) _____

Are all of your pets current on their health vaccinations? YES NO

Who is your veterinarian (name, clinic/office name, phone)? _____

_____ May we contact him/her? (please initial) _____

Do you: work? _____ attend school? _____ full time or part time? _____

How many hours per day is the foster animal likely to be left alone? _____

Do you work in the animal care field? YES NO If yes, please describe: _____

How many adults live in your home? _____ Please list the names of all adults (besides yourself) living in your home: _____

How many children live in your home? _____ Ages of the children? _____

Do you frequently have children visit your home? YES NO Do you understand that children may not have unsupervised contact with foster animals? YES NO

Do you own your own home? _____ (If not, we will need written permission from your landlord/property manager)

Please provide a reference who is familiar with your home (and is not a relative):

Reference Name: _____ Phone Number: _____

Have you read and understood the DAS Foster Care Ground Rules and understand that by participating in this foster program you will be bound by those rules and any other directives provided to you by Shelter staff? YES NO If so, please sign below:

Signature

Date

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ AGREEMENT SIGNED? _____

DATE FOR INTERVIEW _____ INTERVIEWED BY _____

VOLUNTEER TRAINING COMPLETED _____ FOSTER TRAINING COMPLETED _____

VET CHECK COMPLETED _____ HOME CHECK COMPLETED _____

APPROVED FOR: CATS: neonates orphans moms w/litters special needs

DOGS: neonates orphans moms w/litters special needs

COMMENTS: _____