



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

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: _____

Email _____ CC _____

Database _____

Paperwork in to HR _____