

Foster Family Information Sheet

Full Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

- Number of Adults in the home: _____
- Number of Children in the home: _____ Ages: _____
- Do you work Full Time? Work Part-Time? Not working
- Personal Veterinarian Name: _____
- Vet Phone: _____
- List pets in your household:

	Name	Breed	Age	Pertinent Info
Canine/Feline				
Canine/Feline				
Canine/Feline				
Canine/Feline				
Canine/Feline				

- Which are you interested in fostering? Dogs Cats No Preference
- Have you fostered before? Yes No
- How long are you willing to foster? 3 weeks or less until adopted
- Please describe your experience with animals (litter box/house training, bottle-feeding, feral, socialization, crate training, leash training, fearful, special needs etc)
