



# Foster Care Program Application

**Applicants must be 21 years of age or older, allow a home visit, and attend the mandatory volunteer orientation class.**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Best phone number to reach you at: \_\_\_\_\_

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

**Please answer the following questions as completely as possible to determine which foster animal(s) will be most compatible with your home and lifestyle.**

Circle type of residence: House    Apartment    Mobile Home    Duplex    Condo

Do you rent or own? Rent    Own    If you rent, does your lease allow pets? YES    NO

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Letter Attached

Is anyone under 18? YES    NO    If yes, please list the age(s): \_\_\_\_\_

How many pets do you currently own? \_\_\_\_\_

Have you ever adopted from a shelter before? \_\_\_\_\_

Please list the pets you currently own/foster: (Add a page if necessary; include all species)

Own or Foster?	Species/Breed	Age	Sex	Spayed/Neutered?	Proof of Vaccines attached

Name of your Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever fostered an animal before? \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle if you have cared for: Young Puppies Young Kittens Injured/Sick Dog Injured/Sick Cat

Please list any prior experience working with animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an area in your house to confine foster animals? YES NO  
Describe: \_\_\_\_\_

Do you have a fenced yard? YES NO Fence type: \_\_\_\_\_ Height \_\_\_\_\_

How many hours a day will the animal be left alone? \_\_\_\_\_

Fostering infant animals, litters, or animals recovering from illness requires a time commitment of 1-8 weeks or more. How many consecutive weeks are you prepared to care for fosters?  
\_\_\_\_\_

<b>I am interested in providing foster care for:</b>			
	<b>Dogs</b>	<b>Cats</b>	<b>Other</b>
Mother with a nursing litter			
Newborns requiring bottle feeding			
Young, self-feeding			
Injured or sick			
Adult			
More than one adult			
Needs socialization/training			
Behavioral problems			
Animals with Ringworm			

Animals with any kind of sickness			
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Have you, a family member, or any member living in the home where the animal will be fostered ever been convicted of any animal related misdemeanor or felony offense? \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide two references (one Veterinarian and one non-family member):**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. The Kearney Area Animal Shelter reserves the right to refuse any foster care applicant. I also understand there may be expenses involved in fostering, and will abide by the guidelines set forth by KAAS for reimbursement of certain expenses. I further understand there is a danger inherent in handling animals, and I agree to hold harmless and indemnify KAAS from any injuries or loss sustained by me or others, which may be caused by the animal(s) I am fostering.

Signature \_\_\_\_\_ Date \_\_\_\_\_