



## Foster Care Application

Thank you for your interest in fostering an animal from Santa Cruz County Animal Shelter. Our goal is to locate capable, willing foster families that can partner with us in our mission to increase the quality of life for shelter animals. The information you give us in this application will help us assure an appropriate foster match for you and your family.

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

Email Address \_\_\_\_\_

Living Accommodations: ☐ House ☐ Apartment ☐ Other \_\_\_\_\_

☐ Rent ☐ Own ☐ Other \_\_\_\_\_

Do you have your landlord's permission to foster an animal? ☐ Yes ☐ No

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Are all members of your household in favor of fostering an animal? ☐ Yes ☐ No

Do you have children at home? \_\_\_\_\_ If so, how old are they? \_\_\_\_\_

Does anyone have allergies to animals? \_\_\_\_\_

Do you have any companion animals now? ☐ Yes ☐ No

<u>Breed</u>	<u>Age</u>	<u>Gender (S/N)</u>	<u>Current on vaccinations?</u>	<u>Licensed?</u>
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What types of animals have you had in the past? \_\_\_\_\_

\_\_\_\_\_

Where are they now? \_\_\_\_\_

Have you ever fostered before? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Who will be primarily responsible for the foster animal's feeding and general care?

\_\_\_\_\_

How much time can you devote to foster care during the day? \_\_\_\_\_

evenings? \_\_\_\_\_ weekends? \_\_\_\_\_

Do all members of your household realize that you and your family will be required to care for the animal(s) 24 hours a day? ☐ Yes ☐ No

What are the care arrangements when you are not home?

\_\_\_\_\_  
\_\_\_\_\_

Where will your foster animal(s) sleep at night? \_\_\_\_\_

Do you have a fenced yard? ☐ Yes ☐ No

Do you understand that the animal(s) you may have in your household would be exposed any communicable diseases the foster animal(s) may have? ☐ Yes ☐ No

Do all members of your household understand that there is a chance that the animal(s) you foster may be euthanized upon returning to the shelter if they are deemed unadoptable due to medical conditions, temperament issues, or other concerns? ☐ Yes ☐ No

Do you have any preference for the type of animal you foster such as dogs under 30 lbs, kittens without mothers, etc?

\_\_\_\_\_

Do you have any experience with animal behavior or training?

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that SCCAS reserves the right to deny this foster of an SCCAS animal. I certify that I have received, understand, and agree to abide by the document titled "Foster Care Policies and Procedures".

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

Thank you for your willingness to get involved in caring for your community's neediest animals.