



Shelter To Home, Inc Foster Application

DOG

CAT

Personal Information:

Applicant Name		Age
Street Address		
City	State	Zip Code
Home Phone	Cell Phone:	Email:
Employer	Work Phone	Work Email:

Tell us about your decision to foster:

Why are you considering a foster pet?		
Describe the type of foster pet. (Personality, energy level, quantity) that would best fit your circumstance.		
Discussed fostering with all Family Members? Yes No	Male or Female	Age Preference:
Are all family members in favor of fostering? Yes No If No, how will you deal with this?		

Tell us about your family and home:

How many children are in your home? What are their ages?	Do any family members have animal related allergies? Yes No If yes, what steps will you take?
Do you Rent / Own / Purchasing home?	If Apt. Complex: Please give Landlord & Contact Phone:
If you move will pets go with you? Yes No If No, where will they go?	What is pet policy? Number of pets? Types of pets? Deposit Info? Is Deposit Paid?
Where will the pet stay during the day?	Where will the pet be at night?
How will the pet be cared for if you are away for more than one day?	Describe your yard
Describe your neighborhood	

References (Volunteer, Personal or Professional)

Name	Organization	Years Known	Contact Phone

Describe any previous volunteer work:



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Please give a list of pets that have lived in your household in the past 5 years

Species	Breed	Age	Sex	Still in Home If No, Why?	Spayed/ Neutered	Vaccinations Up to Date
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No

Who handles your pet's medical needs?

Veterinarian	Clinic/Address	Contact Phone

I understand that there is a possibility of health or injury risk to humans and personal pets when caring for Shelter to Home, Inc. rescued animals. I will not hold Shelter to Home, Inc liable for any injury or illness that may result from foster activities:
 Initials/Date: _____

I understand the goals and mission of Shelter to Home, Inc. as a Shelter to Home, Inc. volunteer. I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization.
 Initials/Date: _____

I attest that the above information is accurate and give Shelter to Home, Inc. permission to verify any of the above.
 Signed: _____ Date: _____

If under 18, parent or guardian signature of approval is required:
 Signed: _____ Date: _____

Reserved for Office Use		
Required	Additional Notes	
Approved: Yes No		
Date:		
Evaluator		