



**Pet Volunteer Foster Profile**  
**2020 Forest Street**  
**Jacksonville, FL 32204**

*Please note that foster volunteers must be at least 18 years old and all animals in the Household must be current on vaccines, in order to participate in our foster program.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Name on Facebook (if different than above): \_\_\_\_\_

***Please check all that apply to you. I am interested in fostering...***

<b>Cats</b>	<b>Dogs</b>
Nursing Cat + Kittens	Nursing Dog + Puppies
Bottle Fed Kittens	Bottle Fed Puppies
Weaning Kittens (learning to eat)	Weaning Puppies (learning to eat)
Skin Condition Kitten/Cat	Skin Condition Puppy/Dog
Kitten/Cat with Illness (cold, etc.)	Puppy/Dog with Illness (cold, etc.)
Surgical Recovery Kitten/Cat	Surgical Recovery Puppy/Cat
Behavior Modification Kitten/Cat	Behavior Modification Puppy/Cat

Are you allowed to have pets in your owned/rented home? \_\_\_\_\_

Does your HOA or rental property have specified dog breed restrictions? \_\_\_\_\_

If yes, which specific dog breeds are prohibited by your HOA or rental property? \_\_\_\_\_

Are you able to transport your foster pet(s) to the shelter for required preventative care, appointments, or to an emergency clinic in the event of an after-hours emergency? \_\_\_\_\_

Do you have a way to quarantine your foster pet(s) if/when needed? \_\_\_\_\_

How did you hear about the ACPS foster program? \_\_\_\_\_

***Please initial each bullet point:***

\_\_\_\_\_ I understand that foster animals are the sole property of ACPS through the City of Jacksonville and that failure to comply with posted ACPS foster program protocols may result in the foster pet(s) being reclaimed and possible dismissal from the foster program.

\_\_\_\_\_ I understand that all veterinary care for my foster animal(s) will be provided by ACPS and that I am asked to adhere to the posted preventative care schedule and keep all appointments as scheduled with the foster office.

***I confirm that all of the information provided above is true and accurate to the best of my knowledge.***

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