

Foster Volunteer Application

Foster volunteer orientation attended: Initial home visit:

The information provided in this profile will enable us to find the most satisfying foster animal(s) and experiences for you. **Please be sure to complete the profile in its entirety**

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Email address: _____

How did you find out about our foster program?

____ Friend _____ Website
____ Other (please specify) _____

Housing Information

If you rent, please provide the following:

Landowner's name _____

Phone number _____

Family Information:

How many adults are in your household (please list names also)?

How many children? _____ Please list children's names and ages:

Type and names of pets you currently own (if none, have you owned any in the past 5 yrs and where are they now?) _____

Are your pets currently vaccinated and licensed? _____ Yes _____ No
Are all pets spayed/neutered? _____ Yes _____ No
If no, is there a reason?

Name & **phone number** of your veterinarian:

Do you or anyone in your house have any known allergies to pets?
_____ Yes _____ No

Who will be the primary caretaker of the animal? _____

Do all of the adults in the house want to foster pets? _____

How many hours a day will the foster animal be left alone? _____

Have you ever adopted a pet from a shelter before? _____ Yes _____ No
If yes, where is that pet now? _____

Are you over 18 yrs of age? _____ Yes _____ No

Have you ever been convicted of animal cruelty, neglect or abandonment?
_____ Yes _____ No

How do you plan to discipline your foster pet? _____

Please check the kinds of animals you are interested in fostering.

_____ Cat	_____ Dog
_____ Kitten	_____ Puppy
_____ Litters of kittens	_____ Litters of puppies

_____ Moms and kittens _____ Moms and puppies
_____ Pets with illnesses _____ Pets with skin problems
_____ Pets with injuries (amputation, missing an eye, etc.)

If you are interested in fostering dogs or puppies, please answer the following:

Where will the foster animal(s) be kept during the day?

Where will the foster animal(s) be kept during the night?

Do you have a fenced yard? _____ Yes _____ No

How high is your fence? _____

Do you have outdoor shelter available? Please describe your outdoor area.

Do you have an indoor area to confine the animal(s)? Please describe.

If you are interested in fostering cats or kittens, please answer the following:

Do you have an indoor area to confine or isolate the animal(s) from owned pets? Please describe.

Please answer the following:

How would you feel if an animal(s) you are fostering, or previously fostered, needed to be euthanized? Would you want to be contacted?

All cats and dogs over two pounds and 8 weeks of age are spayed or neutered prior to adoption. This includes pregnant females, regardless of the stage of gestation. Do you have any questions or concerns about this spay/neuter policy? If so, please comment.

I confirm that all information supplied on this profile is true and correct.

Applicant Signature: _____

Date: _____

Please return via fax or email to City of Jacksonville, Animal Care and Protective Services, Foster Care Program.

Attn: Christine Park

Email: CLParker@coj.net

Phone: 904-381-8924 x6

Fax: 904-387-8903

Reviewed by:

Date:

For Office Use Only

Photo ID: Type _____ NO _____

Landlord approval: _____

Spouse/Roommate approval: _____

Current Vet check: _____

Yard Check: _____

Restrictions: _____

Approved: _____