



Pet Foster Volunteer Application  
 2020 Forest Street  
 Jacksonville, FL 32204

The information provided in this application will enable us to find the most satisfying foster animal(s) and experiences for you.

Please note that foster volunteer must be at least 18 years old and all animals in your household must be current on vaccines in order to participate in our foster program.

Full Name	
Address	
Address/Zip Code	
Phone Number	
2 <sup>nd</sup> Phone Number	
Email Address	

Names of Other Adults in Home	
Ages of Children in Home	

List all pets in home:

Breed	Age	Able to provide proof of vaccines for the past year?	Spayed/Neutered?

If any owned pets are not up to date or spayed/neutered, please explain:

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Do you rent or own your home? \_\_\_\_\_

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

Name and phone number of family veterinarian: \_\_\_\_\_

Do you have the means to provide basic necessities for your foster pet(s)? This includes but is not limited to food, litter (cats), fresh water, shelter and love. \_\_\_\_\_

Do you have the means to transport your foster pet(s) to the shelter for appointments and to the shelter or an emergency clinic in the event of an emergency? \_\_\_\_\_

All foster pets must be spayed/neutered, vaccinated and micro-chipped before being eligible for adoption; do you have any questions or concerns regarding this policy?

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

Are you familiar with basic animal care and husbandry? \_\_\_\_\_ If not, please schedule an

appointment with the foster coordinator for information.

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

<input type="checkbox"/>	Cat(s)
<input type="checkbox"/>	Kitten(s)
<input type="checkbox"/>	Bottle Baby Kitten(s)
<input type="checkbox"/>	Mom Cat with Nursing Kitten(s)
<input type="checkbox"/>	Cat(s) with injuries/illnesses
<input type="checkbox"/>	Dog(s)
<input type="checkbox"/>	Puppy/Puppies
<input type="checkbox"/>	Bottle Baby Puppy/Puppies
<input type="checkbox"/>	Mom Dog with Nursing Puppy/Puppies
<input type="checkbox"/>	Dog(s) with injuries/illnesses

Please list any pertinent experience or skills you have that may assist us in placing the right foster pet in your home:

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I understand that ACPS Foster Pets are the sole property of ACPS. All rules and regulations of the City of Jacksonville Animal Care and Protective Services must be followed at all times. Initial \_\_\_\_\_

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

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

Please return to ACPS-Foster Coordinator  
2020 Forest St. Jacksonville, FL. 32204  
[ACPSFosters@coj.net](mailto:ACPSFosters@coj.net)  
Fax: 904-588-0050