



Foster Volunteer Application

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

Driver's License/ID Number: _____ Birthdate: _____

Please check all types of fostering in which you are interested:

Dogs

Cats

Seniors

Dogs with medical needs

Cats with medical needs

Bottle-fed puppies

Dogs with behavioral needs

Cats with behavioral needs

Bottle-fed kittens

Nursing puppies with mom

Nursing kittens with mom

Do you have pets at home? If so, what: _____

Do you have experience with medical and/or behavioral issues with animals? If so, what: _____

Do you have any prior criminal history? Yes _____ No _____

Signature: _____ Date: _____