



ACAPL Foster Care Application



Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Is this your first time fostering? Yes No

Do you - Own Rent

***If renting, please list your landlords name and phone number:**

Do you currently own any pets? Yes No

If yes, please list your veterinarians name and phone number:

Are you able to separate your pets from the foster pets if need be? Yes No N/A

Do you have children? Yes No

If yes, please list their ages: _____

Will you be able to transport fosters for vaccines, spaying/neutering, special events? Yes No

If foster(s) become ill, it is very important to contact the Animal Welfare Director/Foster Coordinator immediately. Please do not take your foster(s) to your local vet unless permission is given. Do you agree to this? Yes No

Are you willing to foster an animal who needs medication? Yes No

Are you willing to foster an animal who is special needs? Yes No

Please check which animals you would interested/willing to foster:

Cats /Kittens Mother & Kittens Newborn kittens w/o a mother

Dogs/Puppies Mother & Puppies

Signature: _____ Date: _____

***Please be advised that your name, address, phone number(s), and email address will NOT be given out. This information is kept confidential.**