



ANDERSON ANIMAL CARE & CONTROL

613 Dewey Street
 Anderson, Indiana 46016
 Phone: 765-648-6305 Fax: 765-648-6308



FOSTER CARE APPLICATION

APPROVED:		BY: NAME	DATE
YES	NO		

APPLICANT & HOUSEHOLD INFORMATION

Please fill out this application completely and return it to Anderson Animal Care and Control or to a representative. *Thank you for assisting us in foster care for animals!!!*

Name: _____ Date: _____

Address: _____ City/State/Zip: _____ Email: _____

Phone: Home - _____ Cell - _____ Work - _____

Occupation: _____ Fax - _____

What types of fostering are you willing to consider? (Check all that apply.)

Dogs _____ Pregnant mother and her puppies/kittens _____ Sick or injured, recovering _____ Heartworm Positive _____

Cats _____ Orphaned puppies/kittens _____ Feral or Scared puppies/kittens _____ Other _____

Any restrictions on fostering (i.e. time length, landlord approval, breed restrictions, etc.)

Date of Birth: _____

Your living accommodations: Rent _____ Own Home _____ Rent _____ Other _____

If you rent, please provide the landlord's name: _____
 and phone number: _____

Spouse/ Roommate(s)
 Name(s): _____ Occupation: _____

Name(s): _____ Occupation: _____

Children: (Please list the following information for each child).

Name:	Sex:	Age:

PET INFORMATION:

Tell us about your pets:

Pets: (Please list the following information for each pet).

Breed:	Age:	Sex:	Spayed Neutered: Y/N

Have you ever fostered before: Yes _____ No _____
If “yes”, when and where:

Please describe any relevant experience with animals you may have had: (i.e. classes, degrees, training in, foster experience, raising young animals, etc.)

Where will the foster animal be kept:

How long will the foster animal be alone each day?

How much time each day can you spend with the foster animal(s)?

What supplies do you need? (Crate, litter box, food, bottle, etc.)

After the animal(s) no longer needs fostering you plan to: (Check one).

Return the animal(s) to the ACAC for adoption _____	Unsure _____	Adopt this animal(s) and no longer foster _____
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Foster to adopt: I understand that any money that was paid today is considered a donation towards the animal’s treatment and is in place of the adoption fee. The animal belongs to Anderson Animal Care and Control until treatment is completed. At the time treatment is completed, please return to the shelter to complete the adoption and microchip information. **INITIAL HERE:** _____

Other comments?

STAFF USE ONLY:

Interview Date: _____ Management Approval: Yes ____ No ____ If ‘no’, reasoning:

MANAGEMENT SIGNATURE: _____

Foster Removal: Foster Counseling Date: _____ Date of removal: _____
Outcome of Counseling:

Reason foster was removed from program: _____

MANAGEMENT SIGNATURE:

DATE: