



Feline Foster Care Application

Name: _____ Home Phone#: _____

Address: _____ Work Phone#: _____

City/State/Zip Code: _____

Do You: Rent _____ Own _____ Live with Parents _____

Are you currently allowed to house animals? _____

Landlord's name and phone number: _____

Number of people in your household: Adults? _____

Children/Ages? _____

Please list all pets currently living in your household:

Type	Sex	Age	Spayed/Neutered?	Last Vaccinations	In/Out (Hours)
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Please list all pets you've owned in the last 10 years:

Type	Sex	Age	Spayed/Neutered	Reason they no longer live with you
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Name of Veterinarian: _____

Date & Reason for last visit: _____

Do your pets get along with: Cats? _____ Dogs? _____

Who will be the primary caretaker of the foster animals? _____

How many hours with the animals be left alone? _____

Are you currently in any other foster or rescue programs (including caring for your community's feral cats)? No _____ Yes/Please Explain: _____

Where will the animals be kept (confinement/routine)?

Inside (ie. Bathroom, kitchen): _____

Outside (ie. garage, dogrun): _____

Please give a brief description of why you want to volunteer your services to the Foster Care Program. _____

Are you aware that animals are “put to sleep” (euthanized) here? Do you know why?
How do you feel about it? _____

Please rate the following on a scale of 1 to 5-1:very much in favor, 5:very much opposed:

Wildlife as Pets _____	Indoor Pets _____
Spaying/Neutering _____	Dog/Cat Shows _____
Declawing of Cats _____	Exotic Pets(reptiles, birds) _____
Guard Dog Training _____	Ear Cropping/Tail Docking _____
Euthanasia _____	Formal Obedience Training _____

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination. I acknowledge that this application will remain the property of the Humane Society of Santa Clara Valley.

Signature: _____

Date: _____