



Foster Care Application

This form is to help us find the best match for you and the animals in need of foster care.
To be a foster parent you must be at least 18 years of age.

PLEASE PRINT ALL INFORMATION

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Drivers License Number: _____ State: _____ DOB: _____

Place and Address of Employment: _____

Where do you live? (Mark all that apply) _____ House _____ Apartment _____ Mobile Home
_____ Military Housing _____ With Parents _____ Other: _____

Do you own your home? _____ Yes _____ No How long have you lived here? _____

If renting, please provide the name of your landlord, apartment, or home owner:

Name: _____ Phone Number: _____

What kind of pets would you be willing to foster?

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother with puppies | <input type="checkbox"/> Mother with kittens | <input type="checkbox"/> Pets with temporary injuries |
| <input type="checkbox"/> Bottle feeding | <input type="checkbox"/> Bottle Feeding | <input type="checkbox"/> Senior Pets |
| <input type="checkbox"/> Eating on own | <input type="checkbox"/> Eating on own | <input type="checkbox"/> Pets on medications |

****Fosters less than four weeks old without their mother may require bottle feeding****

How many hours would you have to leave the foster pets alone during they day? _____

Is there a place in your home where the foster pets can be kept isolated from family pets?

_____ Yes _____ No If yes, describe the location(s): _____

Your Household

Please list household members:

Name	Relation	Age

Current Pets

Please list all pets you currently own or live with:

Cat/Dog	Pet's Name	Breed	Age	Sex	S/N?	Stays primarily (in, out, both)

Are your pets current on vaccinations? _____ Yes _____ No

Are your dogs on heartworm preventative? _____ Yes _____ No If yes, what brand? _____

If you currently own a cat, has it been tested for FN/Feline Leukemia? _____ Yes _____ No

What were the results? _____ Positive _____ Negative

Did you ever house a dog that was diagnosed with Parvo/Distemper? ____ Yes ____ No

If yes, when? _____ Describe circumstances: _____

Veterinary Care:

Who is your Veterinarian? _____

Phone Number: _____

I certify that the above information is true and correct. Converse Animal Shelter, Inc., (CASI) may verify the information provided on this form prior to approving any foster placement.

Signature: _____ Date: _____

Do Not Write Below This Line-- For Office Use Only

Listed in Pet Point? Yes No Prior Adopters? Yes No Email entered? Yes No

Staff Comments: _____

Staff Signature: _____ Date: _____

Accepted? _____ Denied? _____ Pending? _____



Foster Animal Agreement

Do you agree to return your foster animal to Converse Animal Shelter, Inc. (CASI) care if you are requested to do so, and understand that all placements must be approved by the Converse Animal Shelter, Inc.? In becoming a foster parent, I am agreeing to abide by all foster care and adoption policies and procedures. I am entering into an agreement with Converse Animal Shelter, Inc. and understand that CASI must approve all adoption applications, so I will not promise anyone that they can adopt my foster. Of course we will be happy to receive adoption referrals and recommendations. If you are considering adopting your foster yourself, we will consider your application prior to placing the pet in another home. I also agree that if, at any time in the future, I cannot continue being a foster caregiver for ANY reason, I will not give away, sell or euthanize the pet(s) in my care. Instead, I will contact casipets@sbcglobal.net or call 210-658-4821 for information concerning arrangements to be made to move the pet(s) into other foster homes within our foster care program. Please realize that it may not be immediate for arrangements to be made. I understand that CASI will be responsible for any medical expenses within reason that may occur while the pet is in my care. If a veterinary visit is necessary, please contact us so that approval with our vet, and/or payment can be arranged. Do NOT contact our vet offices yourself.

Do you understand that particularly shelter animals, having been abandoned by their previous owners, come with a lot of “baggage” and may have separation anxiety, may need to re-learn how to behave in a house environment and may need time to bond with you and your other pets?

By signing this agreement, I attest that to the best of my knowledge, the information provided is accurate and complete at the time of submission. I understand that falsely provided information can mean that my foster agreement will be terminated.

Signature and Date

Staff Signature and Date