



Vermilion County Animal Shelter FOSTER CARE APPLICATION

AGREEMENT

- In completing this application, I affirm that all information and statements in this application are complete and true and made for the purposes of my applying to foster one or more animals through VCAS's foster care program.
- I understand that a Shelter representative may visit my home for a home inspection before my foster application is approved.
- I understand that if approved for fostering, I will be required to carefully read the "Foster Care Agreement" in full, and acknowledge that the Foster Care Agreement represents a legal and binding contract between a foster caregiver and the Vermilion County Animal Shelter.
- I understand that if I am approved to foster an animal, the Foster Care Agreement must be reviewed before I can take my foster animal home. I further understand that I will be asked to agree to the terms of the Agreement and sign the Agreement before I can take my foster animal home.

SIGNATURE: _____ DATE: _____

NAME: _____

CONTACT PHONE: _____

EMAIL: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXP: _____

I am interested in fostering (check all that apply):

- Dogs Puppies with Mother Puppies (sick or need bottle feeding) Puppies (weaned)
 Cats Kittens with Mother Kittens (sick or need bottle feeding) Kittens (weaned)

EMPLOYMENT INFORMATION

Employer/Business if self employed: _____

Your Position: _____ Length of Employment: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

RESIDENTIAL INFORMATION

- Please check: I **own** my own home and am permitted to bring an animal or animals into my dwelling.
 I **rent** my home and am permitted to bring an animal or animals into my dwelling.

If you rent: Landlord's Name: _____
Telephone: _____
Street Address: _____
City, State, Zip: _____

Length of time at this residence: _____

Do you have a fence? Yes No

If yes, what is fence made of and height: _____ Does the gate have a lock? Yes No

Describe lock and/or latching mechanism: _____

COMPANION ANIMALS IN YOUR HOME

I currently have companion animals in my home: Yes No

If yes, please provide the following information:

Name of Veterinarian: _____ Telephone: _____

Street Address: _____

City, State, Zip: _____

Complete below for each companion animal currently in your home AND any additional companion animals you have had in the last five (5) years including fostered animals. Please copy this page if you have more than 5 animals to list.

ANIMAL 1: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 2: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 3: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 4: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 5: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ADDITIONAL INFORMATION

Names and ages of all children in the household:

NAME	AGE

Provide two references (*not related to you*):

NAME	TELEPHONE

Where will your foster pet be kept while you are away from your home? _____

How long will your foster pet be alone during the day? _____

Where will your foster pet be kept at night? _____

Please list any volunteer groups in which you are involved or interested: _____

AGREEMENT

I have completed and reviewed this Application in its entirety, and I agree that all statements contained herein are made by me, and are truthful and binding. I make this statement under penalty of perjury under the laws of the state(s) of: _____.

Signature: _____ **Date:** _____

Printed Name: _____

Witness: _____ **Date:** _____