



ACAPL Foster Care Application



Date _____

Name _____ Best Time to Contact _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ E-Mail _____

1. Is this your first time doing foster care? **Yes No**
2. Do you- **own rent (circle one)**
3. If you rent, can you provide proof that animals are permitted? **Yes No N/A**
4. How many hours are you at home each day? **1-6 7-12 13-18 19-24**
5. Do you have an area where you could isolate foster animals from other pets? **Yes No**
6. Where would your foster animals stay? **Inside Inside/Outside Outside**
7. If they were outside would they have shelter? **Yes No**
8. Do you agree to a home check prior to the acceptance of your application? **Yes No**
9. Do you agree that the APL can do home visits to see how the animals are doing? **Yes No**
10. Do you have children? **Yes No**
11. If so, what are their ages? _____
12. Do you have any other pets? **Yes No**
13. If so, how many and what kind? _____
14. Are your pets current on vaccinations? **Yes No**
15. Are your pets spayed/neutered? **Yes No**
16. Who is your veterinarian? _____
17. Will you be able to transport fosters to the APL for vaccines and spay/neuter? **Yes No**
18. Will you be able to transport fosters to the Mall Adoption Center, if necessary? **Yes No**
19. If fosters become ill, will you agree to contact the shelter or Foster Coordinator? **Yes No**
20. Are you willing to care for sick or special needs animals? **Yes No**

Do you understand that sometimes the animals are ill and need medication? Would you be willing to administer the medication if we supplied it and gave you instructions on what to do?

Yes, I understand and agree to administer medication if needed.

No, I don't understand and will not administer medication if needed.

Please check any animals that you would be interested in fostering.

Cats _____ Mother and Kittens _____ Orphan Kittens _____

Dogs _____ Mother and Puppies _____ Orphan Puppies _____

Are you able to care for bottle fed orphans? **Yes No**

Your Signature: _____ Date: _____

