

TREASURED FRIENDS

FOSTER APPLICATION

P.O. BOX 9234 – HIGHLAND, IN 43311

Personal Information

Name: _____ Phone #: (_____) _____
Address: _____ Cell Phone#: (_____) _____
City: _____ Email Address: (_____) _____
State: _____ Zip: _____ Drivers License #: _____
Employer: _____ Employer Phone #: (_____) _____
Occupation: _____ Your Date of Birth: _____
Name of Spouse/partner: _____ Partners Employers Phone # (_____) _____
Partner's Employer: _____ Partner's Occupation: _____
Number of Adults in Home: _____ Number of Children in Home: _____
Ages of Children: _____ Do you: Rent Own your home?
Type of Dwelling: House Apt. Condo Live with Parents Other (explain): _____

Additional Information

What are you interested in fostering? (check all that apply)

Cat Kittens Mother cat w/ kittens Dog Puppies Mother dog w/ puppies
 Bottle feeding underage kittens Senior Cat Bottle feeding underage puppies Senior Dog
 Injured Cat Sick Cat Pregnant Cat Injured dog Sick Dog Pregnant Dog
 Abused or neglected cat Special needs Cat Abused or neglected Dog Special needs Dog
 Other: _____ Other: _____

Do you have experience with the above choices? Yes No If Yes, which _____

What is the level of your experience? _____

How many hours a day are you willing to devote to your foster? _____

Are you able to give Pills Liquid medications Injections

Do you have a separate room or area to keep your foster animal(s) away from your animals? _____

If an emergency arose with your foster animal(s), would you be able to take it to the vet? _____

Would you be able to take your foster animals for routine vet visits? _____

How long are you willing to keep a foster animal? _____

Strays or shelter animals have sometimes been neglected or abused and may experience difficulty making the transition to a new foster home. Are you willing to be patient while the animal adjusts to your home? Yes No

Signature _____ Date _____