

# Aggieland Humane Society - Foster Care Application

**Staff use only**

Date \_\_\_\_\_

Approved Foster Home: YES NO reason \_\_\_\_\_

\_\_\_\_\_ staff initials \_\_\_\_\_

## Part I. About You

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Roommate/spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone- (\_\_\_\_\_) \_\_\_\_\_ Cell phone- (\_\_\_\_\_) \_\_\_\_\_

Roommate/spouse phone: (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ phone- (\_\_\_\_\_) \_\_\_\_\_

Type of residence: **House Duplex Apartment other** \_\_\_\_\_

Do you: **rent own other;** explain \_\_\_\_\_

Does your lease allow pets? \_\_\_\_\_

Landowner \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Do your windows have screens? \_\_\_\_\_

Number of children in house \_\_\_\_\_ ages of children \_\_\_\_\_

Anyone allergic to animals \_\_\_\_\_

Amount of time you are able to devote to your foster animal daily \_\_\_\_\_

What supplies do you have? \_\_\_\_\_

\*Have you attended Orientation (required before fostering) \_\_\_\_\_

Where did you hear about the foster program \_\_\_\_\_

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**Part II. Current Pets living at residence.**

Species	name/age	sex	neutered	Brazos co. tag #
1. Dog/Cat	_____	M F	Y N	_____
2. Dog/Cat	_____	M F	Y N	_____
3. Dog/Cat	_____	M F	Y N	_____
4. Dog/Cat	_____	M F	Y N	_____
5. other	_____	M F	Y N	_____

Do you have more pets? **No** **Yes** - explain \_\_\_\_\_

***\*You must have all pets current on vaccinations and county tags to be an approved foster home. See vaccination recommendation for all animals owned by foster family.***

Any behavioral problems? \_\_\_\_\_

Veterinarian name/phone \_\_\_\_\_

Arrangements when you are not home \_\_\_\_\_

***\*Remember you can NOT take the animal out of the Bryan/College Station Area.***

**PartIII. Type of animals you would like to foster (please circle)**

**Adult Small Dog**      **Adult Large Dog**      **Dog with pups**      **Orphan pups**  
**Adult Cat**      **Cat with kittens**      **Orphan kittens**      **Other animal** \_\_\_\_\_

Are you willing to house special needs animals? (please circle below)

**NO**      **Medical needs**      **Behavioral needs**

Where will the pets be kept \_\_\_\_\_

Do you have a fenced yard \_\_\_\_\_ height \_\_\_\_\_ type of fence \_\_\_\_\_

I\_ (print name) \_\_\_\_\_ have completed the above application and verify the information is true and correct. I have also received the foster care guide and expectations.

Signature \_\_\_\_\_ date \_\_\_\_\_