

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 _____