



FAULKNER COUNTY
ANIMAL SHELTER

Application for Fostering

Please, print ***clearly*** and ***legibly***! Applications that cannot be read will not be considered for fostering. If you need more space, feel free to use a separate sheet.

FOSTER PARENT INFORMATION

Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Driver's License (Including State): _____

Home phone: _____ Work/Cell Phone: _____

Email: _____

How did you hear about us? _____

Are you 18 or older? ☐ Yes ☐ No

Is the address on your ID current? ☐ Yes ☐ No

Address Listed on ID (if not current): _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

HOUSEHOLD INFORMATION

1. Do you currently rent your property?
☐ Yes ☐ No
2. If yes, please complete the following. If you do not rent, skip to 3.
 - a. Landlord Name: _____
 - b. Landlord Phone Number: _____
 - c. What is the pet policy for your rental?
 - i. _____
 - d. Any breed, size, or weight restrictions?
 - i. _____
3. How many people currently live in your home?
Adults (18+): _____ Children/Teens (9-17): _____ Children (Under 9): _____
4. Do any of the people in your home have special needs you would like us to take into consideration? If so, please explain:
 - a. _____

5. Do you have any other pets at home?
☐ Yes ☐ No
6. If yes, please list them in the table below:

<u>Dog/Cat</u>	<u>Breed</u>	<u>Age</u>	<u>Male/Female</u>	<u>Altered</u>

Include additional animals on a separate sheet of paper, if needed.

7. Do you have any livestock or other farm-type animals?

☐ Yes ☐ No

8. If yes, what type? _____

9. Do you have a fenced-in yard?

☐ Yes - What kind?: _____ ☐ No

10. Describe your yard (circle one):

- a. No yard – dorms, apartments with no dog park, etc.
- b. Unfenced yard
- c. Partially fenced yard
- d. Completely fenced yard or property has a designated dog park

11. How long, on average, would the foster pet be left alone? _____

12. Where will the foster pet be kept when left alone?

i. _____

13. What is the maximum amount of time you would be able to foster for?

i. _____

14. Will you be able to transport your foster animal to/from pet adoptions or other events?

☐ Yes ☐ No

15. Please list any additional people staying in the home, including children and roommates.

<u>Name</u>	<u>Age</u>	<u>Phone Number (If an adult)</u>

Include additional members on a separate sheet of paper, if needed.

HISTORY AND AREAS OF INTERESTS

1. Have you fostered animals before? With whom?

2. What animals are you comfortable fostering?

3. Are there any animals you **WOULD NOT** foster for any reason?

4. Are you interested in fostering special needs or bottle-fed animals?

☐ Yes ☐ No

5. If yes, what experience do you have with special needs or bottle-fed animals? (If none, don't worry! We can teach you!) _____

6. Would you be willing to send pictures, videos, or any other pertinent information to staff to help with your foster's adoptability?

☐ Yes ☐ No