FOSTER FAMILY APPLICATION
Bloomington Animal Care and Control

Name _____
Address_____
Home Phone_____**Work Phone**_____
Email _____

I _____(own) _____(rent). If rent, who is your landlord?_____
Landlord's address_____phone_____
I live in a _____house/_____apartment?
Do you have a fenced yard? _____Yes _____ No

How many adults in your home?_____ Children?_____
Ages of children?_____

Who will be responsible for the care of your foster companion?_____

Have you previously adopted from this shelter? Yes_____ No_____ When?_____

Companion Animals Currently in Your Home:

Species_____ Name_____ Age_____ Spayed/Neutered_____

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Species_____ Name_____ Age_____ Spayed/Neutered_____

Species_____ Name_____ Age_____ Spayed/Neutered_____

Please indicate (circle) the companion animals you want to foster:

Cats Momma cats with babies Kittens
Cats who need socializing / are stressed in a shelter environment
Dogs Momma dogs with babies Puppies
Dogs who need socializing / are stressed in a shelter environment
Others (please specify)_____

What is the length of time you are willing to foster a specific companion? _____
Please indicate any restrictions you have regarding the type, size, or sex of a foster companion:
Do the companions you foster need to be altered? _____Yes _____No

PLEASE SEE OTHER SIDE

Who is your current veterinarian?_____
In whose name are those records?_____

Why are you interested in participating in foster care?

I understand that
(1) I must notify the Shelter immediately if the companion in my foster care is ill, injured, or lost;
(2) I am responsible for the humane care of the companion in my home;
(3) Animal Care and Control may inspect my home (inside and outside) and yard and will contact my landlord for approval if I rent;
(4) I will be contacted for regular updates on the health and well-being of the companion in my care;
(5) I will make the companion available to off-site adoption events when that companion is ready to be placed up for adoption;
(6) I will return the companion to the Shelter when requested, or in the event I can no longer care for them; and
(7) I know that I cannot re-home my foster companion, and all decisions regarding adoption of my foster companion will be made by Animal Care and Control staff.

The information I have provided is accurate and true to the best of my knowledge.

Signature_____ Date_____

FOR STAFF USE