



Application for Foster Parenting

ABOUT YOU

Name _____ Date of Birth _____
 Address _____ City/State/Zip _____
 Cell Phone # _____ Home Phone # _____
 Email _____ Identification# _____

Please describe any training or experience you have that is important in considering your application:

ABOUT YOUR HOUSEHOLD

Please list all other members of your household:

Name	Relationship	Age	What will their role be in pet fostering?

Do any members of your household have allergies to animals? YES NO

If so, please explain: _____

ABOUT YOUR OTHER PETS

Please list all animals you currently own:

Name	Type of Animal	Age	Spayed or Neutered?	If not, please explain:

Foster Animals

What types of animals are you willing to foster?

Unweaned Kittens	YES	NO	Reptiles	YES	NO
Cats (6 weeks of age or above)	YES	NO	Fowl	YES	NO
Unweaned Puppies	YES	NO	Rabbits	YES	NO
Dogs (6 weeks of age or above)	YES	NO	Hamsters/Guinea Pigs	YES	NO
Pregnant/Nursing Dogs or Cats	YES	NO	Others	YES	NO

SEAACA Staff Use Only:

Service History:	YES	NO	Application:	APPROVED	DENIED
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Notes: _____

Date: _____ INT: _____