



Animal Welfare League
 10305 Southwest Highway, Chicago Ridge, IL 60415
 Phone: (708) 636-8586 Fax: (708) 636-9488
 www.AnimalWelfareLeague.com

OFFICE USE ONLY
 Date: ___/___/___
 Approved by: ___
 Declined by: ___
 Person ID: _____

Foster Care Application
 DATE: ___/___/___

Your Contact Information (Please print clearly)

Name : _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Birth date: ___/___/___ Driver's License Number: _____

Your Family Pets (Please print clearly)

Do you have pets of your own? Yes No (If yes please list below)

Breed	Years owned	Age	Sex	Spayed/Neutered

Is your pet(s) current on vaccinations? Yes No

Please provide you veterinarians information (name, address. phone): _____

Have your pet(s) show any aggression towards other animals? Yes No

If yes, please explain? _____

Preferred Fosters (what types of animals are you interested in fostering - check all that apply)

- CATS**
- Nursing cat (4-8 weeks of care)
 - Orphaned kittens (4-8 weeks of care)
 - Injured/Sick cat (2-6 weeks of care)
 - Under socialized cat (2-6 weeks of care)

- DOGS**
- Nursing dog (4-8 weeks of care)
 - Orphaned puppies (4-8 weeks of care)
 - Injured/Sick dog (2-6 weeks of care)
 - Under socialized dog (2-6 weeks of care)

- How often would you like to foster:
- 1-6 times year
 - Once a month
 - Call me anytime
 - Emergencies only

- Where will you house your foster animal(s)?
- inside, loose
 - inside, crated
 - inside, separated
 - other
 - outside in yard
 - outside kennel
 - garage

How many animals are you willing to foster at one time? _____

Are you able to keep the foster animal(s) separate from your own animals? Yes No

What is the length of time you are willing to foster an animal? _____

How often would you like to foster? 1-6 times per year Once a month
 Call me anytime Emergencies only

Do you have prior experience with the type of foster care you are willing to provide? Yes No

Are you able to bring the foster animal(s) into the shelter for periodic checkups, regular vaccinations or emergency medical treatment? Yes No

Are you willing to administer medications should the foster animal(s) require them? Yes No

How did you hear about our Foster Care Program? _____

Employment Information (Please print clearly)

Employed Full-Time Part-Time Unemployed/Retired

Average number of hours during the day that the foster animal(s) will be unattended: _____

Your Living Environment (Please print clearly)

Home ownership status: Own Rent/Lease Live with Parents

Residence Type: House Condominium Apartment Other

How long have you lived at this present address:

Landlord's Name: _____ Landlord's Phone: _____

Is your yard fenced in? Yes No Height of Fence:

Type of fence: Wooden Chain-link Other

Your Household (Please print clearly)

Number of Adults in household: 1 2 3 4 5+

Number of Children in Household: 0 1 2 3 4 5+

Do any family members suffer from pet allergies? Yes No

List the name(s) of household members who will also be caring for the foster animal(s): _____

I hereby certify that all of the information provide is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____