

Foster Care Application



city of elderly love

Full name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Do you live in a: ☐ Single-story home ☐ Multi-story home

Do you have stairs leading into your home? ☐ No ☐ Yes, approx. _____ stairs

How long have you lived at your current address? _____ Do you: ☐ Rent ☐ Own

If you rent your home, please provide your landlord's contact information:

Name: _____ Phone: _____

Are you 18 years of age or older? ☐ Yes ☐ No Date of Birth: _____

Name(s) of other adult(s) living in household (if any): _____

Ages of children (under 18) living in household (if any): _____

Do all members of the household agree on fostering? ☐ Yes ☐ No ☐ Undecided

How would you describe your household?

☐ Very active, frequent guests ☐ Moderately active ☐ Relatively low-key, quiet

Are there currently any pets living with you? ☐ Yes ☐ No ☐ Yes, but they aren't mine

Current Pet Information (if any):

Name: _____ Type/Breed: _____ Altered? _____ ~Age: _____ Time Owned: _____

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Past Pet Information (if any):

Name: _____ Type/Breed: _____ Altered? _____ ~Age: _____ Time Owned: _____

Name: _____ Type/Breed: _____ Altered? _____ ~Age: _____ Time Owned: _____

Name: _____ Type/Breed: _____ Altered? _____ ~Age: _____ Time Owned: _____

Primary Veterinarian Name/Address: _____

Have you ever fostered before? ☐ No ☐ Yes, organization: _____

Which are you interested in fostering: ☐ Cats ☐ Dogs ☐ Other: _____

Are you interested in fostering a specific animal: ☐ No ☐ Yes(name): _____

Would you prefer to foster a: ☐ Male ☐ Female ☐ Either is fine

If interested in fostering a dog, what size dog are you comfortable with? _____

Are you willing to foster an animal with special needs? ☐ Yes ☐ No

Are there any specific breeds you DO NOT wish to foster (please list all, if applicable)?

What length of time can you commit to fostering an animal (weeks, months, etc.)?

Under what circumstances, if any, would you feel the need to return a foster animal?

How did you hear about the City of Elderly Love (check all that apply)?

☐ Friend/family member ☐ Online ☐ Event ☐ Other: _____

Questionnaire Agreement:

By initialing or signing this form, I agree that all information provided is true and correct to the best of my knowledge. I understand that any misrepresentation may result in the organization refusing foster care privileges to me. I authorize a representative of this organization to contact any veterinarian references listed as well as my current landlord, if applicable.

Signature of applicant: _____ **Date:** _____