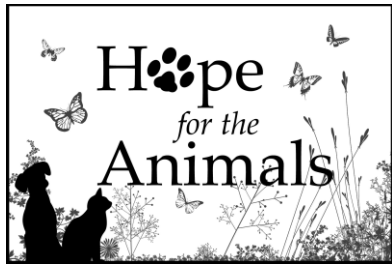


OFFICE USE ONLY: Date Received: _____ VET VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Notes:	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Reason / Action:
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...for a lifetime of love & care

P.O. Box 877
Morrisville, PA 19067
(215) 945-2160 TEL
(215) 945-2161 FAX
www.HopefortheAnimals.org

FOSTER APPLICATION

Completion of this application does not guarantee acceptance into the foster program. Please print clearly the answers to all questions and be sure to answer the specific questions relating to the type of pet you would like to foster – dog or cat. You must sign the form. Thank you and good luck!

1. Name: _____
2. Type of pet you are interested in fostering: _____
3. Are you 21 or older (if no who would be signing the foster agreement?) _____
4. Address: _____
City: _____ State: _____ Zip: _____
5. Phone: DAY: (_____) _____ EVENING: (_____) _____
6. Email Address: _____
7. Number of adults in the home: _____ 8. Number and ages of the children: _____
9. Tell us about your current pets: (include age, sex, breed, etc.):
Name: _____ Age: _____ Sex: M or F Breed _____
Name: _____ Age: _____ Sex: M or F Breed _____
Name: _____ Age: _____ Sex: M or F Breed _____
Name: _____ Age: _____ Sex: M or F Breed _____
10. Vet Reference:
Name: _____ Phone: (_____) _____
Account Name: _____ Pets Treated: _____
11. If applies, other personal references include name, phone number, relationship (optional if you have a vet reference)
1. _____
2. _____
12. What type of home do you live in (house, apartment, condo, etc): _____
13. If applies, do you have written permission from your landlord to have an animal: YES or NO
14. Do you have a fenced in yard: YES or NO

SIGNATURE DATE