

# Williamson County Regional Animal Shelter Foster Care Application

## Personal Data

me: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Household Information

\_\_\_\_\_ Own Home \_\_\_\_\_ Rent Does your lease allow dogs/cats? \_\_\_\_\_ Cats only \_\_\_\_\_ Both \_\_\_\_\_  
Number of children in your home: \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Ages and frequency of visiting children: \_\_\_\_\_  
Describe area where foster animal(s) will be cared for: \_\_\_\_\_

Do you or any members of your family have allergies to pets? Yes \_\_\_\_\_ No \_\_\_\_\_

## Animal Care Information

Do you presently own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? Dogs \_\_\_\_\_ Cats \_\_\_\_\_  
Breed(s): \_\_\_\_\_  
(cs)/Age(s): \_\_\_\_\_ Are they neutered/spayed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Telephone of your vet: \_\_\_\_\_

If you do not have any pets, what is your experience with animals? \_\_\_\_\_

Do you work during the day? Yes \_\_\_\_\_ No \_\_\_\_\_

How much time can you devote to foster care during the daytime? \_\_\_\_\_ Evenings? \_\_\_\_\_

How many days/weeks can you foster an animal? \_\_\_\_\_

What are the care arrangements when you are not home? \_\_\_\_\_

What animal(s) would you be willing to foster?

\_\_\_\_\_ Mother cat with kittens \_\_\_\_\_ Mother dog with puppies  
\_\_\_\_\_ Pregnant cat \_\_\_\_\_ Pregnant dog  
\_\_\_\_\_ Litter of orphaned kittens \_\_\_\_\_ Litter of orphaned puppies  
\_\_\_\_\_ Injured or ill cat/kitten \_\_\_\_\_ Injured or ill dog/puppy

Have you fostered for any other facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

When? \_\_\_\_\_

How did you hear about the WCRAS Foster Care Program? \_\_\_\_\_