

Date: \_\_\_\_\_

Long Term Foster: \_\_\_\_\_

One Time Foster: \_\_\_\_\_

## Williamson County Regional Animal Shelter Foster Care Application

### **Personal Data**

Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

### **Household Information**

Do you: Own \_\_\_\_\_ or Rent \_\_\_\_\_ Does your lease or rent agreement allow pets: \_\_\_\_\_

If rent, provide name and phone number of landlord: \_\_\_\_\_

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Number of Pets: \_\_\_\_\_

Please list your current pets: \_\_\_\_\_ Are your pets vaccinated? \_\_\_\_\_

| <i>Type &amp; Breed</i> | <i>Age</i> | <i>Sex (Spayed or Neutered)</i> | <i>How long Owned?</i> |
|-------------------------|------------|---------------------------------|------------------------|
|                         |            |                                 |                        |
|                         |            |                                 |                        |
|                         |            |                                 |                        |
|                         |            |                                 |                        |
|                         |            |                                 |                        |

### **Foster Animal Care Information**

What are you willing to foster? Check all that apply!

*Dogs:*  
 Injured \_\_\_\_\_  
 Kennel cough \_\_\_\_\_  
 Puppies \_\_\_\_\_  
 Pregnant/Nursing Mothers \_\_\_\_\_  
 Hospice/Long Term \_\_\_\_\_  
 Special Needs \_\_\_\_\_

*Cats:*  
 Injured \_\_\_\_\_  
 Upper Respiratory Infection \_\_\_\_\_  
 Kittens \_\_\_\_\_  
 Pregnant/Nursing Mothers \_\_\_\_\_  
 Hospice/Long Term \_\_\_\_\_  
 Special Needs \_\_\_\_\_

*Others:*  
 Ferrets \_\_\_\_\_  
 Rabbits \_\_\_\_\_  
 Reptiles \_\_\_\_\_  
 Rats/Mice \_\_\_\_\_  
 Other \_\_\_\_\_

How much time can you devote to fostering? Daytime \_\_\_\_\_ Evenings: \_\_\_\_\_

How will the animal be confined at any given time: Home? \_\_\_\_\_

Away? \_\_\_\_\_ Night? \_\_\_\_\_

Are you willing to administer medication (pills, liquid and /or other)? \_\_\_\_\_

### **Please Initial:**

\_\_\_\_\_ Can you accept the fact that some animals will not survive or may have to be euthanized and that decision is up to the Williamson County Regional Animal Shelter management?

\_\_\_\_\_ Do you accept that your foster animals could get your animals sick and that medical treatment of your animal is your financial responsibility?

\_\_\_\_\_ If you take the foster animal(s) to your vet without authorization from the shelter management that is your financial responsibility?

\_\_\_\_\_ Do you understand that anyone interested in adopting your foster animal(s) (including yourself) must go through the standard adoption process and approval?

\_\_\_\_\_ Do you understand that you will need to supply your own food, litter, cages ect?

\_\_\_\_\_ Do you understand that you are not allowed to give the foster animal(s) to anyone else without that person going through the foster application and getting the approval from a Williamson County Regional Shelter Staff member.

\_\_\_\_\_ Do you understand that the animal(s) is the property of the Williamson County Regional Animal Shelter, and must be returned when told.