



# PET FOSTER APPLICATION (rev 8/29/2015)

Name of Pet or Type Pet you wish to Foster: \_\_\_\_\_

How long are you willing to commit to fostering an animal for? \_\_\_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you Rent or Own? \_\_\_\_\_ Please circle: Apartment, House, Condo, Mobile Home

If renting, what is your Landlord's name? \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you received permission to have a pet from your landlord? \_\_\_\_\_

How many children in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

Are there any others residing in your home? Please List: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer address: \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been there \_\_\_\_\_ Position: \_\_\_\_\_

Reference: (Not a Relative) Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Do you commit to keep the Pet Indoors at all times except during supervised walks for Dogs?  
Please initial: \_\_\_\_\_

How many hours are you away from home during the average work day? \_\_\_\_\_

**What kind of other pets do you have in the home? Please list all pets' names, breed/ ages.**

\_\_\_\_\_  
\_\_\_\_\_

**Are they spayed/neutered?** \_\_\_\_\_

**Are they Up to Date on all routine shots?** \_\_\_\_\_

**Are they on Heart Worm Prevention?** \_\_\_\_\_

**Your Veterinarian's Name:** \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are there any other comments you would like to make? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, (name) \_\_\_\_\_ certify that all information provided on this form is true **and accurate. I give permission to Florida Pets Alive Inc. to verify all of this information and to make a home visit prior to the adoption of a pet being approved.**

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