



# FOSTER HOME APPLICATION

2600 Wilmington Pike  
Kettering, OH 45419  
937-294-6505

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

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

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you?     Own     Rent     House     Condo     Apt     Other: \_\_\_\_\_

Why do you want to foster for SICSA? \_\_\_\_\_

\_\_\_\_\_

Please explain about the type, age, sex, size, etc. of pet(s) that you are interested in fostering? \_\_\_\_\_

\_\_\_\_\_

Do you have any pets at the present time?     Yes (if yes please list below)     No

Cats: Sex                  Age                  Spayed/Neutered                  Vaccination Date                  FELV test date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Dogs: Sex                  Age                  Spayed/Neutered                  Vaccination Date                  Heartworm test date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other: \_\_\_\_\_

Your Veterinarian's Name? \_\_\_\_\_

Have there been any medical problems with your own pets recently? \_\_\_\_\_

\_\_\_\_\_

Where are you pets kept? \_\_\_\_\_

Where will the foster animal(s) be kept? \_\_\_\_\_

How will you introduce the foster(s) to your pets? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Do your animals receive heartworm preventative? Yes No

Do you take your animals to a dog park? Yes No

How will you exercise your foster? \_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced yard? Yes No What type of fence? \_\_\_\_\_

Who will be the primary caretaker of the foster(s)? \_\_\_\_\_

What hours will you be home? \_\_\_\_\_

How long will the foster(s) be left alone? \_\_\_\_\_

Do you have children? Yes No If, yes, what ages? \_\_\_\_\_

Do you have experience in training or animal behavior? \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_