

Excelsior Springs Friends of Animals Foster Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ E-mail: _____

Why would you like to participate in this program?

Times available for in-house interview: _____

Type of animal(s) you are willing and able to foster:

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed / Neutered?	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your pets good with other animals? _____

If you have cats, do you keep them indoors or do you let them outside?

If you have dogs, do you keep them primarily indoors or outside?

Do you have a fenced yard? Yes No

Please indicate your housing status:

- Rent an apartment Rent a house
 Own a house or condo Live with Parents

If you are renting, please provide your landlord's name and phone number:

Do you work outside of the home? Yes No

How many hours a day are your pets home alone? _____

Where are they kept when you are away from home? _____

Do you have children in your household? Yes No

If yes, how many? _____

Please list their ages: _____

Your veterinarian's name: _____

Telephone number: _____

Please list two personal references whom we may contact:

Personal reference #1: _____

Phone number: _____

Your relationship: _____

Personal reference #2: _____

Phone number: _____

Your relationship: _____

Please make any additional comments below:

Thank you so much for your offer to become an ESFOA Foster Family.

Please mail the completed application to:

**Excelsior Springs Friends of Animals
PO Box 661
Excelsior Springs, MO 64024**