

FOSTER HOME APPLICATION

I am interested in providing a foster home for an animal in need from the Euclid Animal Shelter.

Name: (please print) _____

Address: _____ City: _____

ZIP code: _____ Phone: () _____ () _____(alternate)

Date of Birth _____ Age of person applying to foster: _____

How many adults live in the home? _____

Are there children in the home? _____ Yes _____ No (If yes, please list names and ages below)

Who will be the primary caregiver for the animal?

Where will the animal be placed in the home?

Who will be home with the animal during the day? If no one will be home during the day, please describe what provisions you will make to care for the animal.

Do you have a preference for the kind of animal you are willing to foster? If so, please list your preference(s).

Note: If the animal you are fostering needs medicine or veterinary care, you will not be responsible for the expenses. **However, any vet appointments or medications must be arranged through the shelter.** We will also provide food for the animal in your care.

Thank you for your interest. Your application will be reviewed by the EPD Humane Officer. Someone from Euclid Pet Pals will contact you when we have an animal that needs a foster home.

Signature of Applicant

Date

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For Office Use Only

_____ Approved _____ Not Approved Date Taken _____ Returned _____

Animal: dog puppy cat kitten Other _____ **Case #** _____