



www.LastChanceAnimalRescue.org

Foster Volunteer Application

Name: _____ Address: _____

City: _____ State: _____ HomePhone: _____

Cell Number: _____

Are you over the age of 21: _____

Date of birth: _____

Employer Name/Number: _____

Email: _____

Spouse/Partner
Name/Number _____

Why would you like to participate in this program?

Times available for in-house
interview: _____

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

Please list current animals in **your** household:

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

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 the 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 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: _____

Veterinarian's telephone number: _____

May we contact them for a vet reference? Yes No

Please list two personal non related references that we may contact:

Personal reference #1: _____

Telephone number: _____

Your relationship: _____

Personal reference #2: _____

Telephone number: _____

Your relationship: _____

How did you hear about Last Chance's Foster Program? _____

Are you looking to adopt? _____

Please add any additional comments below:
