



### City Of Sacramento Animal Care Services

2127 Front Street • Sacramento, Ca • 95818

Phone: 916.808.7387 Fax: 916.808.5386

[www.sacpetsearch.com](http://www.sacpetsearch.com)

#### OFFICE USE ONLY

Submit Date \_\_\_/\_\_\_/\_\_\_

Approved by: \_\_\_\_\_

Declined by: \_\_\_\_\_

Person ID \_\_\_\_\_

## Foster Care Application

DATE: \_\_\_/\_\_\_/\_\_\_

### Your Contact Information

Name (first, initial, last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State Issued: \_\_\_\_\_

### Your Family Pets

Do you have pets of your own?  Yes  No Type of pets:  Dogs  Cats  Other \_\_\_\_\_

Name:	Breed:	Age:	Sex:	Altered:	Current on Vaccination/License:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Preferred Fosters

What types of animals are you interested in fostering? (check all that apply)

Where will you house your foster animals?

#### CATS

- Nursing cat (4-8 weeks of care)
- Orphaned kittens (4-8 weeks of care)
- Injured/Sick cat (2-6 weeks of care)
- Under socialized cat (2-6 weeks of care)

#### DOGS

- Nursing dog (4-8 weeks of care)
- Orphaned puppies (4-8 weeks of care)
- Injured/Sick dog (2-6 weeks of care)
- Under socialized dog (2-6 weeks of care)

- inside, loose
- inside, crated
- inside, separated
- other \_\_\_\_\_

- outside in yard
- outside kennel run
- garage

How many animals(s) are you willing to foster at one time: \_\_\_\_\_ Length of time you are willing to foster: \_\_\_\_\_

How often would you like to foster:  1-6 times per year  Once a month  Call me anytime  Emergencies only

Do you have prior experience with the type of foster care you are willing to provide:  Yes  No

Do you have a confinement area to isolate the foster animal(s) for health reasons:  Yes  No

Are you able to keep the foster animal(s) separate from your own animals:  Yes  No

Are you willing to bring the foster animal(s) into the shelter for periodic checkups and regular vaccinations:  Yes  No

Are you willing to administer medications should the foster animal(s) require them:  Yes  No

Are you willing to be listed as an "emergency" foster home in case an animal should come to the shelter unexpectedly and need to be placed in a foster home immediately:  Yes  No

Are you willing to work with your foster animal(s) in areas such as obedience and house training:  Yes  No

How did you hear about our Foster Care Program? \_\_\_\_\_

### References

List the names, relationship and telephone numbers of two people that are not related to you. Where possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer or other dog care professionals.

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____

### Employment Information

Employed  Yes  No  Work from home  Work outside the home

Full-Time  Part-Time      Number of hours worked during the day: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Average number of hours during the day that the foster animal(s) will be unattended: \_\_\_\_\_

### Your Living Environment

Home Ownership Status:  Own  Rent/Lease      How long at present address: \_\_\_\_\_

Residence Type:  House  Condominium  Apartment  Mobile Home  Dormitory  Other: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

Apartment Complex: \_\_\_\_\_ Extra security deposit required for pets:  Yes  No

Size of Yard:  Small  Medium  Large      Is your yard fully fenced:  Yes  No

Type of fence:  Wooden  Chain-link  Other \_\_\_\_\_      Height of fence: \_\_\_\_\_

If yard is not fenced, how do you plan on containing the foster animal(s) when outside:  Leash  Tethered  Kennel run

### Your Family

Who do you live with:       Spouse  Parents  Children  Significant Other  Roommates  Alone

Number of Adults in household:     0  1  2  3  4  5+

Number of Children in household:  0  1  2  3  4  5+      List children's ages: \_\_\_\_\_

Do any family members suffer from pet allergies:  Yes  No      If so, allergic to:  Dogs  Cats  Both

List names of household members who will also be caring for the foster animal(s): \_\_\_\_\_

### BASIC RULES OF FOSTER CARE PROGRAM

- The foster animal(s) is only temporarily in your care and remains the property of the City Of Sacramento Animal Care Services (CSACS).
- The purpose of foster care is to provide special care for the animal(s) and to help make the animal(s) more adoptable.
- The adoptions of foster animals(s) will be made through the CSACS and are subject to the same guidelines as any other adoption. Foster Care Providers are encouraged to assist in the placement process of their foster animal(s) – **but can not make any decisions regarding the final placement of the animal(s).**
- All foster cats and kittens will be kept indoors at ALL times.
- All foster dogs and puppies will be kept in a secure area, preferably a crate or a kennel run. Dogs and puppies will only be allowed off-leash in the secure fenced area of your property.
- Chains or other devices to tether animals as a means of confinement should not be used.
- Training collar should only be used when training the dog on a leash – it should not be left on the dog while unattended.
- Foster animal(s) should always wear the collar and ID tags supplied by the CSACS.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We appreciate your interest in becoming a Foster Care Provider for City of Sacramento, Animal Care Services. It is the CSACS goal to place as many adoptable animals in permanent homes as possible. With your help we can make this happen. CSACS will make every effort to adopt out any animals placed in foster.**