**Dog and Cat Shelter**

**84 East Ridge Rd**

**Sheridan, Wy 82801**

**(307) 674-7694**

**Foster Application**

The Dog and Cat Shelter is a private 501 © 3 organization. The information provided to the Shelter by completing this profile will enable us to better get to know our foster parents, to keep more consistent contact with them and to place animals in foster homes that are appropriate for both the animal and the foster home. **Please complete all pages of this profile and sign and date the waiver.**

**Name (Please Print):**

**Mailing Address:**

**City/State/Zip:**

**Physical Address:**

**City/State/Zip:**

**Home Phone: Cell Phone:**

**Email:**

**Emergency Contact:**

**Phone: Relationship:**

**Do you have a type of income? YES NO If no, explain:**

**Type of home: House Duplex/Townhouse Apartment Mobile Home**

**Do you: Rent: Own:**

**Landlord’s Name: Phone:**

**Do you have a securely fenced in yard? YES NO**

**Please describe the type and height of fence:**

**How many adults live in the household?**

**How many children live in the household? (Include ages)**

**Do you or any members of your household have any allergies to animals?**

**Reference #1**

**Name:**

**Mailing Address:**

**City/State/Zip:**

**Phone: Email:**

**Reference #2**

**Name:**

**Mailing Address:**

**City/State/Zip:**

**Phone: Email:**

**Do you have any skills or training related to animals?**

**Have you administered medication to a dog or cat before? YES NO**

**Can you attend scheduled meetings or an occasional training session related to the Foster Care Program? YES NO If no, why not?**

**Personal Pet Information**

**If you have no personal pets at this time, what kinds have you had before?**

**Please list your current pets:**

| **Name** | **Species/Breed** | **Age** | **Sex** | **Spayed/Neutered** |
| --- | --- | --- | --- | --- |
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**Do your pets have any behavioral problems or chronic illnesses? YES NO**

**Explain:**

**Veterinarian: I, the applicant, give permission for my animal’s records to be released to the Dog and Cat Shelter, Inc.**

**Veterinary Clinic:**

**Phone #:**

***The foster coordinator must call your veterinarian to confirm that your pets are current on all vaccinations.***

**Do you have any special skills or training pertaining to animals?**

**What are the care arrangements when you are not home?**

**What behaviors are you willing to work with?**

**What kind of animals are you prepared to foster?**

**Do you have experience training and working with dogs or cats with behavioral issues?**

**By signing I verify that all of the above information is true and complete. I understand that the Dog and Cat Shelter allows fostering for one month, after one month I will meet with the Operations Manager and Leads to evaluate the situation and extend the time period if necessary.**

**I understand that the Dog and Cat Shelter has limited information about the history of any animal.**

**I will provide this animal with adequate food, water and attention. This animal will reside in my home as a pet.**

**I understand that neither the Dog and Cat Shelter or its Board of Directors is in any way responsible for any damage, accident or injury resulting from the placement of this animal into my household.**

**APPLICANT SIGNATURE:**

**DATE:**