



TREASURED FRIENDS



FOSTER APPLICATION

P.O. BOX 9234 - HIGHLAND, IN 46322
(219) 381-8562

In order to foster for Treasured Friends you must be 18 years of age or older and your application must be approved by the group representative(s).

What are you interested in fostering? (Please circle all that apply)

CAT KITTEN DOG PUPPY ALL

Name: _____ Phone # () _____

Address: _____ Cel Phone: () _____

City _____ Email Address: _____

State and Zip Code: _____

Employer: _____ Phone #: () _____

Occupation: _____ Your date of birth: _____

Number of people in home: Adults _____ Children: _____

Ages of children: _____

Type of Dwelling: House() Apt() Condo () Live with parents () Other (explain): _____

Do you: () Rent () Own your home? _____ Would you permit an onsite premise check? _____

Do you have a fenced in yard? () Yes . () No _____ If so, how high is your fence? _____

Landlord's name: _____ Phone #: () _____

If you live with parents, regardless of age, we must have parental consent: _____

Parent's Name: _____ Parents's phone #: () _____

Are you 18 years of age? () Yes () No _____

Veterinarian's/Clinic name _____ Phone #: () _____

Name(s) of animals taken there: _____

Has your cat(s) been tested for FIV and FeLV? () yes () no Are all your pets spayed or neutered? () yes () no

Are your dog(s) current on Heartworm meds? () yes () no Are all your pets current on their shots? () yes () no

How many pets are presently in your home?

Where will your foster cat(s) spend its(their) time?

Is anyone in the household allergic to animals? () yes () no

Have you ever turned an animal into a shelter or animal organization? () yes () no

If yes, please check: () your own () stray What shelter?

Have you had pets in the past? () yes () no Please list them below:

Type-of pet	How Obtained	How long kept	What happened to the pet?
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Animals are as individual as people. Are you willing to spend the time and effort that will be needed to help your foster adjust to your home and lifestyle? () yes () no

I certify that the above is true and correct. Any false information will result in the nullification of this contract.

Date:

Applicant's Signature (must be 18 years or older)

DO NOT WRITE BELOW THIS LINE

Comments:

REVIEWED BY	DATE	AUTHORIZATION SIGNATURE	DATE
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