

# Foster Care Application

Thanks for your interest in the Mendocino County Animal Care Services Foster Care Program

NAME \_\_\_\_\_

DATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

**I AM INTERESTED IN FOSTERING:** (check ALL that apply) Remember! bottle fed kittens require night time feedings!

- Kittens being bottle fed    Kittens eating on their own    Kittens with Mom    Adult Dog  
 Puppies    Teenage dog    Dog with non-contagious medical needs    Senior Dog (over 6 years)

**ANIMALS CURRENTLY LIVING IN MY HOUSE:** (please list their ages)

\_\_\_\_\_  
\_\_\_\_\_

**The following people live in or frequent my home** (please list the ages of any children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have fostered the following animals in the past:** \_\_\_\_\_

\_\_\_\_\_

**Please describe your fencing** \_\_\_\_\_

\_\_\_\_\_

**Please tell us where the foster animal will live during the day and night:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_