



1818 Tenth Street
Wichita Falls TX 76301
940-249-4280

Foster Application

Date: _____

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Rent or Own?: Rent / Own Landlord: _____ Phone: _____

Why are you interested in fostering?: _____

Do you own pets?: Yes / No

How many?: _____

Are they current on vaccinations?: Yes / No

Are your pets altered?: Yes / No

(Please provide current shot records)

What type of animals are you interested in fostering:

Cat / Dog / Kittens / Puppies

Special Needs?: Yes / No

Bottle Feed Kittens?: Yes / No

Behavioral issues?: Yes / No

Other?: _____

What type of training or special qualities do you have?: _____

Do you have children?: Yes / No

What are their ages?: _____

Allergies?: Yes / No

Do you have a fence?: Yes / No

Type of Fencing?: Chain / Privacy

Fence Height?: 4 / 6 / Other _____

Personal References:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

NOTES TO BE FILLED OUT BY STAFF:

Home check results: _____

Copies of foster animal(s)' shot records: Yes / No (Attach to Foster Application)

References check: _____

Approved by: _____

Date: _____