

FOSTER PARENT INFORMATION & APPLICATION

Santa Barbara County Animal Services

Please check the shelter you would like to foster for:

- Santa Barbara (805) 681-5285
- Santa Maria (805) 934-6119
- Lompoc (805) 737-7755

Foster Parent _____ Animals you want to foster:
_____ kittens _____ puppies _____ rabbits
_____ cats _____ dogs _____ other

Home Phone (805) _____ Work Phone (805) _____

Address: _____ Unit # _____

City: _____ State: CA Zip Code: _____

Email: _____

I have _____ pets at home now.

No. Dogs _____ Male _____ Female _____ Neutered? Yes _____ No _____ Age _____

No. Cats _____ Male _____ Female _____ Neutered? Yes _____ No _____ Age _____

Other Pets _____ Male _____ Female _____ Neutered? Yes _____ No _____ Age _____

Are all your pets current on vaccines? Yes _____ No _____

Do all your pets have flea control? Yes _____ No _____

Name of Veterinarian: _____ Phone: (805) _____

Are you interested in caring for: Do you have experience?

1. young kittens? Yes _____ No _____ Yes _____ No _____

2. young puppies? Yes _____ No _____ Yes _____ No _____

3. an injured cat? Yes _____ No _____ Yes _____ No _____

4. an injured dog? Yes _____ No _____ Yes _____ No _____

5. rabbits? Yes _____ No _____ Yes _____ No _____

Explain experience: _____

Where will foster animal(s) will be housed?

Day: Inside _____ Outside _____ With other animals? _____
Are you able to isolate for up to 10 days? Yes ___ No ___

Night: Inside _____ Outside _____
With other animals? _____ Able to Isolate? _____

Number of hours a day home with animal? _____

Who will be the primary caretaker of the animal? _____

Do you:

- | | |
|--|---|
| <input type="checkbox"/> rent an apartment | Name of Landlord _____ |
| <input type="checkbox"/> rent a house | Address _____ |
| <input type="checkbox"/> live in a mobile home | Phone Number (____) _____ |
| <input type="checkbox"/> live with parents | |
| <input type="checkbox"/> own a condo | <input type="checkbox"/> fenced yard: material: _____ |
| <input type="checkbox"/> own a house | height: _____ |

Do you work? _____ If yes, how many hours? _____

Do you have children? _____ If yes, how many? _____

If yes, what ages? _____

Is anyone in home allergic to pets? _____

Are you able to keep an animal for up to 60 days? Yes ___ No ___

What information would you like to add to this questionnaire?

I agree to a home check by Santa Barbara County Animal Services. I certify that all of the information provided here is true and accurate.

Signature

Date

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Approved Disapproved Date: _____

Home Visit by: _____ Date: _____

Recommended species: _____

Number: _____

Notations: _____

Reviewed by:

Signature