



Caldwell County Animal Care & Control Fostering Application

Today's Date _____

Applicant(s) Full Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Place of Employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____

1. Why do you want to foster? _____
2. What kind of pet(s) do you want to foster? Dog Cat Puppy Kitten Other
3. Please list any preferences (age, sex, breed, personality) _____
4. Does any member of your family have allergies to animals? Yes No
5. Are there any children in the household? Yes No
6. If yes, what are their ages? _____
7. Who will be responsible for feeding and caring for the fostered pet(s)? _____
8. Who will take care of the pet(s) in the absence of the primary caretaker? _____
9. Do you understand that changing a pet's environment may cause it to have accidents? Yes No

10. Describe the pets you currently own:

If more space is needed, please use additional paper and attach to this form

a. Name _____ Type _____ Age _____ Sex _____

Is the pet Spayed or Neutered? Yes No

Primarily Indoor or Outdoor? Explain: _____

Comments: _____

b. Name _____ Type _____ Age _____ Sex _____

Is the pet Spayed or Neutered? Yes No

Primarily Indoor or Outdoor? Explain: _____

Comments: _____

c. Name _____ Type _____ Age _____ Sex _____

Is the pet Spayed or Neutered? Yes No

Primarily Indoor or Outdoor? Explain: _____

Comments: _____

11. Are all of your pets current with health vaccinations? Yes No

12. May we ask your Veterinarian to confirm the above information? Yes No

13. What is your Veterinarian's name? _____

14. What type of home do you live in? House Townhouse Duplex Condo Apartment Mobile

15. Do you own or rent your residence? Own Rent

16. If you rent: Landlord name: _____ Landlord phone # (____) _____

17. What type / size pets are allowed? _____

18. How many hours will the pet be left unattended (i.e. workday)? _____

19. When you are home, where will the pet(s) be kept? _____

20. Where will the pet(s) sleep? _____

21. When no one is home (i.e. at work, shopping) where will the pet stay? _____

22. How often do you travel? _____

23. What will you do with the pet when you travel? _____

24. Have all family members met with and agreed upon the fostering of the pet(s)? _____

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and / or failure to answer all questions and sign the application can result in this application being denied. I give Caldwell County Animal Care & Control permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date Caldwell County Animal Care & Control before a fostering is permitted.

In addition, I understand the fostering decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal. I understand it is Caldwell County Animal Care & Control's decision to decide which home is most appropriate and that their decision is final.

I also agree that should any problems arise with the fostering of animals, I will return the animal to Caldwell County Animal Care & Control and will not give away or sell said animal(s). It is the desire of Caldwell County Animal Care & Control that every animal placed in fostering is compatible with the entire family.

Signature _____ **Date** _____

Printed Full Name _____

**Please mail application to: Caldwell County Animal Care & Control
Foster Program
1966-B Morganton Blvd. SW
Lenoir, NC 28645**