

# SHERIFF'S OFFICE ANIMAL CARE FOSTER PROGRAM



2510 Clay Bank Road  
Fairfield, CA 94533  
(707) 784-1356  
FAX: (707) 784-1353

Thank you for your interest in becoming a Foster Parent for the Solano County Animal Care! Please fill out the attached application and return it to the shelter. We will contact you after tentative approval of this application to explain our expectations of you as a foster parent, and to answer any questions you may have. If approved for our Foster Care Program, you will be required to sign a Foster Agreement prior to taking any animals into your care.

If you have any questions or comments, please do not hesitate to contact us.



# SHERIFF'S OFFICE ANIMAL CARE FOSTER APPLICATION

**Personal Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Housing Situation:**

Own Home  Rent Home  Own Condo  Rent Condo  Rent Apt.  Mobile Home  
 If you rent what is the name of your housing complex? \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_  
 Have you obtained permission to have a pet?  Yes  No  
 How many adults in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_  
 Are you:  Working  Retired  Student  Other \_\_\_\_\_  
 How many hours is someone at home on a typical day? \_\_\_\_\_  
 Describe the activity level in your home.  Low  Medium  High

**Current Pets:**

What pets do you currently have in your home? Include small pets and barnyard animals.

Age	Species	Spayed / Neutered? (yes/no)	Where kept? (inside/outside)	How long have you owned it?	Dog license no. and expiration date / vaccination date

**Fostering Information:**

Are you willing to foster sick/injured animals?  Yes  No

If yes, are you aware of the potential risk(s) to your other pet(s)?  Yes  No

If yes, are you willing to assume all costs and liabilities to your own animals?  Yes  No

Are you willing to foster older animals?  Yes  No

Are you willing to give medications (pills and/or liquids)?  Yes  No

What kinds of animals are you interested in fostering?

**Cats:**

What would you prefer to foster? (Please place a checkmark by all that apply.)

Litter of kittens (with Mom)  Litter of kittens (**NO** Mom- Need to be bottle fed)

Kittens (4 weeks – 6 months old)  Cats over 6 months old

Where would you keep your fostered cat?

Cage/Playpen  Separate Room  Free roaming indoors  Outside Enclosure/Run

Other \_\_\_\_\_

**Dogs:**

What would you prefer to foster? (Please place a checkmark by all that apply.)

Litter of Puppies (with Mom)  Litter of Puppies (**NO** Mom- Need to be bottle fed)

Puppies (4 weeks – 6 months old)  Dogs over 6 months old

Where would you keep your fostered dog?

Cage/Playpen  Separate Room  Free roaming indoors  Outside Enclosure/Run

Fenced Yard  Other \_\_\_\_\_

**Others:**

What would you prefer to foster? (Please place a checkmark by all that apply.)

Birds  Turtles  Rabbits  Guinea Pigs  Rats/Mice

**Veterinarian Information:**

Clinic and Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long have you used this Vet? \_\_\_\_\_

**Care:**

Are you willing to transport the animal(s) to Solano County Animal Care (in Fairfield) for any additional shots, vet exams and/or spay/neuter?  Yes  No

Are you willing to bring the pet(s) back to Solano County Animal Care for adoption?

Yes  No

**Other Contacts:**

Do you have anyone (friends/family/co-workers) who might be interested in joining our foster program?  Yes  No

May we call them to discuss the benefits of being a foster parent?  Yes  No

If yes, please provide us with their name and phone number below:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**I certify that all the information in this application is true. I understand that false information will void this application. If approved, I understand that I will be required to sign the Foster Agreement, which is a legally binding document.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_