

SOLANO COUNTY 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.



SOLANO COUNTY SHERIFF'S OFFICE ANIMAL CARE FOSTER APPLICATION

Personal Information:

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____ Work Phone: _____
 E-Mail: _____ DOB: _____
 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** _____