

How did you hear about our Foster Care Program?_

Clovis Police Department Animal Services Division Miss Winkles Pet Adoption Center



85 Temperance Avenue • Clovis, CA 93611 • 559-324-2465

| CONTACT INFORMATION | | Date of Application: | | | |
|---|--------------------------|--------------------------------|------------------|------------------------------------|--|
| Name (first, initial, last): | | | | | |
| Home Address: | | | | | |
| City: | State: | Zip Code: | Cοι | inty: | |
| Home Phone: | Cell Ph | Cell Phone: | | Work Phone: | |
| E-mail: | | Birth date:/_ | / | Age: | |
| Driver's License Number: | Expiration date: | | | State Issued: | |
| YOUR FAMILY PETS Do you have pets of your own? | ☐ Yes ☐ No pets | □ Dogs □ Cats □ Other | | | |
| Name: | Breed: | Age: Sex: | Altered?: | Current on Vaccination/License: | |
| | | | | | |
| | | | | | |
| | | | | | |
| PREFERRED FOSTER TYPE | | | | | |
| What types of animals are you i | nterested in fostering | ? Please mark or circle all th | hat apply. | | |
| CATS | | DOGS | | | |
| Nursing cat and kittens (4-8 weeks of care) Orphaned and/or "bottle baby" kittens (4-8 weeks of care) Injured/Sick cat (2-6 weeks of care) Under socialized cat (2-6 weeks of care) Nursing dog (4-8 weeks of care) Orphaned puppies (4-8 weeks of care) Injured/Sick dog (2-6 weeks of care) Under socialized dog (2-6 weeks of care) | | | | weeks of care) eeks of care) | |
| Are you able to crate/x-pen/isol | late foster animals in | an indoor space that is sepa | arate from resid | ent pets? Yes No | |
| How many animals(s) are you w | villing to foster at one | time: Length of | f time you are w | illing to foster: | |
| Do you have prior experience w | ith the type of foster | care you are willing to prov | ide: 🗆 Yes 🗀 | No | |
| Are you able to keep the foster | animal(s) separate fro | om your own animals: 🛭 Y | es 🗆 No | | |
| Are you willing to bring the fost | er animal(s) into the | shelter for periodic checkup | s and regular va | ccinations: 🗆 Yes 🗆 No | |
| Are you willing to administer me | edications should the | foster animal(s) require the | em: 🗆 Yes 🗆 | No | |
| Are you willing to be listed as ar | n "emergency" foster | home in case an animal sho | ould come to the | e shelter unexpectedly and need to | |
| be placed in a foster home imm | ediately: 🗆 Yes 🗆 | No | | | |
| Are you willing to work with you | ur foster animal(s) in a | areas such as obedience and | d house training | : □ Yes □ No | |

REFERENCES

List the names, relationship and telephone numbers of two people that are not related to you. Where possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer or other animal care professional.

| Name: | Relationship: | Phone Number: |
|--|--|---|
| | | |
| EMPLYMENT INFORMATION | | |
| Employed □ Yes □ No | ☐ Work from home ☐ Work ou | itside the home |
| \Box Full-Time \Box Part-Time / Number | of hours worked during the day: | Work Schedule: |
| Average number of hours during the d | ay that the foster animal(s) will be unatt | tended: |
| HOME ENVIRONMENT | | |
| Home Ownership Status: ☐ Own ☐ | Rent or Lease How long at present | t address: |
| Residence Type: \Box House \Box Cond | ominium $\ \square$ Apartment $\ \square$ Mobile H | Home \Box Dormitory \Box Other: |
| Landlord's Name: | Landlord's Pho | ne: |
| Apartment Complex: | Extra s | security deposit required for pets?: \Box Yes \Box No |
| Size of Yard: ☐ Small ☐ Medium | ☐ Large Is your yard fully fenced | : □ Yes □ No |
| FAMILY MEMBERS | | |
| Who do you live with: \square Spouse | Parents 🗆 Children 🗀 Significar | nt Other \Box Alone \Box Other |
| Number of Adults in household: | Number of Children in household | d: Ages of Children: |
| Do any family members suffer from pe | et allergies: 🗆 Yes 🗆 No If s | so, allergic to: □ Dogs □ Cats □ Both |
| BASIC RULES OF THE FOSTER CARE | PROGRAM | |
| ☐ The foster animal(s) is only tempora | rily in your care and remains the proper | ty of Miss Winkles Pet Adoption Center (City of Clovis) |
| ☐ The purpose of foster care is to prov | ride special care for the animal(s) and to | help make the animal(s) more adoptable. |
| $\hfill\Box$ The adoptions of foster animals(s) w | rill be made through the Miss Winkles Pe | et Adoption Center and are subject to the same |
| guidelines as any other adoption. Fost | er Care Providers are encouraged to ass | ist in the placement process of their foster animal(s), |
| but can not make any decisions regar | ding the final placement of the animal(| s). |
| $\hfill\Box$ All foster cats and kittens will be kep | ot indoors at ALL times. | |
| $\hfill\Box$ All foster dogs and puppies will be k | ept in a secure area, preferably a crate c | or a kennel run. Dogs and puppies will only be allowed |
| off leash outside in the secure fenced | area of your property. | |
| $\hfill\Box$ Chains or other devices to tether an | imals as a means of confinement will no | t be used. |
| ☐ Training collars should only be used | when training a dog on a leash – they sh | nould not be left on the dog while unattended. |
| Annlicant's Signature | | Date: |

We appreciate your interest in becoming a Foster Care Provider for Miss Winkles Pet Adoption Center!