

**EASY STREET ANIMAL SHELTER
FOSTER CARE PROVIDER APPLICATION**

NAME _____ DATE _____

RESIDENCE ADDRESS _____ MAILING
ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS:
HOME _____ CELL _____ WORK _____

EMAIL
ADDRESS _____

DO YOU OWN YOUR HOME?.....YES ___ NO ___..... IF YOU LEASE/RENT, ARE DOGS
ALLOWED?.....YES ___ NO ___

IF YOU LEASE/RENT YOUR HOME, CAN YOU SECURE OR DO YOU HAVE WRITTEN LANDOWNER
APPROVAL?.....YES ___ NO ___

IF THERE ARE CHILDREN IN YOUR HOME, LIST THE AGES:

DO YOU CURRENTLY HAVE ANIMALS LIVING IN YOUR HOME?.....YES ___ NO ___ IF SO, HOW
MANY? _____

IF YES, LIST BREED AND AGE OF EACH DOG AND THE NUMBER OF YEARS THESE PETS HAVE BEEN IN YOUR HOME:

IF YES, ARE YOUR ANIMALS CURRENT ON GENERALLY RECOMMENDED VACCINATIONS, INCLUDING
RABIES?..... YES ___ NO ___

ARE YOUR DOGS LICENSED?..... YES ___ NO ___ IF NO, WHY NOT?

HAVE ANY OF YOUR ANIMALS BEEN DIAGNOSIS WITH PARVO?.....YES ___ NO ___ IF YES, WHEN?

LIST ALL DISEASES YOUR ANIMALS HAVE HAD IN THE PAST, WITH DATES:

ARE YOU AWARE OF ANY DISEASES YOUR ANIMALS MAY CURRENTLY HAVE?.....YES _____NO _____ IF YES, HOW LONG?_____

IF YES, LIST DISEASES OR ILLNESSES:

WHICH ANIMALS DO YOU PREFER TO CARE FOR (CHECK ALL THAT APPLY):

ADULT DOGS _____ PUPPIES _____ NURSING DOG
MOMS WITH PUPPIES _____

WHERE WILL YOUR FOSTER ANIMALS BE HOUSED? _____ IF YARD, IS
YARD FENCED? YES ___ NO ___

HOW LONG WILL YOU BE ABLE TO FOSTER AN ANIMAL? _____ OTHER CAREGIVERS WHEN YOU
ARE AWAY? YES ___ NO ___

ANY OTHER HELPFUL INFORMATION THAT WOULD ASSIST ESAS IN PLACING AN ANIMAL IN YOUR FOSTER CARE?

I AFFIRM THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FURTHER,
I HAVE READ AND AGREE THAT I WILL FOLLOW THE POVISIONS SET FORTH IN THE FOSTER CARE AGREEMENT IF I AM
ACCEPTED INTO THE FOSTER PROGRAM BY THE ESAS.

PRINTED NAME OF APPLICANT
REPRESENTATIVE

PRINTED NAME OF ESAS

SIGNATURE OF APPLICANT
REPRESENTATIVE

SIGNATURE OF ESAS