

## Foster Sign-Up

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you first hear about our foster program? Please select only one answer.

<input type="checkbox"/>	Word of mouth (e.g., friend, family)	<input type="checkbox"/>	Facebook Page
<input type="checkbox"/>	Local media (e.g., TV news, radio)	<input type="checkbox"/>	Facebook Group
<input type="checkbox"/>	Google/online	<input type="checkbox"/>	Instagram
<input type="checkbox"/>	At an event	<input type="checkbox"/>	At the shelter
<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify)

Are there other adults in your home?     Yes                       No

Are there children in your home?     Yes                       No

Are there pets in your home?     Yes                       No

Is there anything else you would like us to know?

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