

Approved By:

Date:

## Save The Strays Schuylkill Foster Parent / Home Application

### Contact Information:

First Name:	Last Name:
Date of Birth:	(Must be 18 or over)
Phone:	Other Contact Number:
Email Address:	
Street Address:	
Mailing Address:	

Do you own your home? Y N Do you rent? Y N (We will contact your landlord)

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived at the listed address? \_\_\_\_\_

Do you have any plans to move in the near future? Y N If Yes, how soon? \_\_\_\_\_

Employer Name & Phone Number: \_\_\_\_\_

**Veterinary Information:** Please call your vet to give us permission to call them for information regarding you and your animal's health history. All animals in residence must be up to date on all state-required vaccines and must be spayed or neutered. We reserve the right to deny any applications that do not meet the requirements. Certain circumstances may apply. Please call to discuss your situation.

**Current Veterinarian:** Name Phone Number

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**Previous Veterinarian:** Name Phone Number

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### Current Pet Health Record:

Type K9/Fe	Name	Age	Gender M/F	Spray / Neutered Y/N	How long have you owned?	Inside/Outside Both?

Are all your pets up to date on vaccines? \_\_\_\_\_

**Previous Pets:**

Type K9/Fe	Name	Age	Gender M/F	Spray / Neutered Y/N	What happened to the animal?

Have you ever fostered before? Y N If yes, whom have you fostered for? And when?  
Are you still fostering?

\_\_\_\_\_

\_\_\_\_\_

Please describe your household (circle answer, or indicate other : Active Noisy Quiet Average Busy  
Other? \_\_\_\_\_

**Other Household Members** Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, daughter) *Failure to disclose this information will result in immediate adoption denial fully*

Name:	Age:	Relationship :

Do children (other than immediate family) ever visit your home? Y N

Age(s) of the children? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Does anyone in the household have allergies to any kind of animals? If YES, have they consulted with their doctor about getting an animal? If YES, are they taking medication? Y N

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment?

**Personal References:** Please list 2 people that we can contact upon request:

Name:	Phone Number:

**Please indicate how many cats/kittens you are interested in fostering:**

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**If you are approved, how soon are you able to foster?**

**Do you have an area to quarantine cats/kittens away from all other animals?   Y   N**

**Do you have a room that you can dedicate to fosters?   Y   N**

**Do you have a pet sitter or someone that can care for the cats/kittens if you go on vacation, or are away for work or other situations?   Y   N**

**Are you able to transport fosters to and from veterinary appointments, if needed? \_\_\_\_\_**

**Can you attend Meet and Greets, or other events with fosters to help showcase them to be adopted?**

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**We try to provide food and supplies ( cat litter, misc items, but if we can't, due to lack of donations, or funds, are you willing and able to provide for their needs?   Y   N**

**Do you have a Facebook account, and if so are you willing to join our foster chat groups to communicate with group?**

**Are there any other skills, or ways you would be interested in volunteering?**

**Help with fundraising?   Help with administrative work? (examples, newsletters and/ or writing for social media?)   Help with promoting?   Crafting?   Transport to spay and neuter clinics ?**

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**Addition Notes (anything you want to share):**