



Foster Care Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Foster Application: Franklin County Animal Rescue

30 Sunset Meadow . Saint Albans, VT 05478 .  
802 524 9650. www.FranklinCountyAnimalRescue.org  
Hours: Thurs-Fri 2-6; Sat-Sun 11-4

Please complete the following form is thoroughly and honestly as you can. FCAR does not determine whether or not to place an animal based solely on one aspect of their history, but rather strives to gather as much Information as possible in order to make the most appropriate & responsible decisions. Thank you for your cooperation.

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

Email: \_\_\_\_\_

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

City/Town \_\_\_\_\_

Do you own your home? Yes / No      How long at this address: \_\_\_\_\_

\*Proof of home ownership or landlord's contact required \_\_\_\_\_

Please list name/age of everyone in your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have family pets? Yes / No :      Name/Breed/Age of current pet(s):

Name	Species	Breed	Gender & Age	UTD vaccinations/ fixed

Name of veterinarian \_\_\_\_\_ Telephone number: \_\_\_\_\_

Area of interest \_\_\_\_kitten \_\_\_\_ special needs cat \_\_\_\_special needs dog \_\_\_\_puppy  
\_\_\_\_pregnant \_\_\_\_surgical recovery \_\_\_\_senior

How long will you be able to foster an animal: \_\_\_\_\_

Are you willing/capable to administer medication(s) Yes / No

How long will the dog/cat be alone each day: \_\_\_\_\_ Is your yard fenced: Yes / No

How do you typically exercise your own pets: \_\_\_\_\_

Please describe your experience with domestic animals (use back if you need more room):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing here or you were saying that to the best of your ability to provide accurate and thorough information on this entire form?

Applicant Signature: \_\_\_\_\_ Today's date \_\_\_\_\_

STAFF USE ONLY: ID Verified & copied      ID Verified & copied:      Yes \_\_\_\_/\_\_\_\_/\_20\_\_\_\_ Initials\_\_\_\_\_



Foster Care Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF USE ONLY: ID Verified & copied

ID Verified & copied:

Yes \_\_\_\_/\_\_\_\_/\_20\_\_\_\_ Intials\_\_\_\_\_