

# FOSTER CARE APPLICATION



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Telephone No. (H): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Number of people living in your home: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Names and Ages of Children: \_\_\_\_\_

Please tell us about your housing situation. Check type of home you have and whether you own or rent.

Own	Rent	House	Townhouse	Apartment	Farm
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Landlord's Name and Phone Number: \_\_\_\_\_

Do you have your landlord's permission to foster a pet?                      YES                      NO

A 2-week quarantine (for cats) is highly recommended to help minimize the spread of disease.  
For cats, do you have a room/area where you can quarantine your fosters?                      YES                      NO

For dogs, do you have a fenced in yard?                      YES                      NO  
If so, what type of material and how high? \_\_\_\_\_

Who is your vet? \_\_\_\_\_ Phone: \_\_\_\_\_

Have you fostered before?                      YES                      NO

If YES, with whom: \_\_\_\_\_ Phone: \_\_\_\_\_



**What animals are you willing to foster? (Indicate all that apply.)**

**Cats**

- Cats
- Pregnant Cats
- Cats w/ Kittens
- Kittens
- Bottle Babies (kittens)
- Injured/Recovering Cats
- Senior Cats

**Dogs**

- Dogs
- Pregnant Dogs
- Dogs w/puppies
- Puppies
- Bottle Babies (puppies)
- Injured/Recovering Dogs
- Senior Dogs

**Are there any limitations to your ability to provide foster care? If so, please describe:**

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Once your application reviewed, FMCA will make arrangements for a home visit. During the home visit, we will answer any questions you may have, and offer suggestions to improve your fostering setup. We may make the decision to have you sign the foster agreement at that time. A copy of the foster agreement is attached for your reference, and should be reviewed prior to your home visit.

If you have any questions regarding the application or foster agreement please contact us at: [fostercare@fmca.org](mailto:fostercare@fmca.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_