CCSPCA
Central California
Society for the Prevention of Cruelty to Animals

FOSTER CARE APPLICATION

PERSONAL DATA:

Name:	Are you over 18 years old
Address:	Do you have children? Ages?
City: Zip:	Do you rent or own?
Phone: Home Cell:	Does your lease allow pets?
Occupation:	Do you have a fenced yard?
Employer: wk #	May we call you at work?
How many dogs/cats do you have?	What other animals do you have?
Do you have any dogs under the age of 1 year? ☐	Are all your dogs and cats spayed?
Are all your pets current on their vaccinations? ☐	Who is your regular Veterinarian?
Have you ever had an animal with Parvo or Distemper?	

KIND OF ANIMALS DO YOU WANT TO FOSTER:

I am only interested in cats or kittens	
I am only interested in dogs or puppies	
I am interested in either dogs, puppies, cats, or kittens	

Kittens which need bottle feeding	
Kittens that are weaned but are too young to be adopted	
Mother cat **with** kittens	
Injured or ill adult cats	
Cats needing socialization	

Puppies which need bottle feeding	
Puppies that are weaned but are too young to be adopted	
Mother dog **with** puppies	
Injured or ill adult dogs	
Dogs needing socialization	

Additional comments you would like to add to this application:

Submit Form