



Crossroads Animal Shelter

FOSTER HOME APPLICATION

Name: _____ Address: _____ City, St, Zip: _____

Family Members: (names and ages): _____

Phone: 1) _____ Phone: 2) _____ E-mail: _____

Tell us about your own family pet(s): _____

Indoors? _____ Outdoors? _____ Spayed/Neutered? _____ Vaccinated? _____

*Cats: vaccinated for Feline Leukemia and/or Feline Infectious Peritonitis? _____

Have you fostered animals before? _____

Cats/Kittens: _____ Dogs: _____ Puppies: _____

Was that a positive experience? _____

Are you able to foster:

	Yes/No	Indoor	Outdoor
Cats			
Kittens			
Puppies			
Adult Dogs			

Do you have a fenced yard? _____ Or other system of confinement? _____

Are you willing or able to bottle-feed young animals? Yes: _____ No: _____

Are you able to give medications? Yes: _____ No: _____

Are you able to confine the foster animals from your own animals if need be?
Yes: _____ No: _____

Over →



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Specifically:

- How much “equipment” (cages and supplies) would you need to be provided for the animals? Or could you donate to their welfare? _____

- Can you provide transportation to and from the shelter or vet clinics if need be for vet work and/or exams? Yes: ___ No: _____
- Would you be willing and available to have contact with prospective new adoptive families if they desire to see the pets while in your home (**your location and numbers would NEVER be given out without your okay)? Yes: _____ No: _____

Is it ok for Crossroads Animal Shelter to complete a site visit at your house? Yes or No

Head of the family's signature: _____ Today's Date: _____

Step 1: Complete Foster Home Application Date: _____

Step 2: Interview by CAS Date: _____

Step 3: Site visit by CAS Date: _____

All applications are subject to Crossroads Animal Shelter's discretion.