

Name _____
 Address _____ City _____ State _____ Zip _____
 Daytime Phone (____) _____ Evening Phone (____) _____
 Cell Phone (____) _____ Email Address _____

I wish to foster

| | | |
|------|------|------|
| Cats | Dogs | Both |
|------|------|------|

Please state any preferences (size, sex, etc.) for the pets you wish to foster.

Number of people living in home, listing children's ages:

Do you rent or own?

Proof of liability insurance is required.

Renters, attach a written statement of landlord's approval.

List all personal pets you currently own. Do you consider them submissive or dominant?

| Breed | Age | Sex | Neutered | Current on vaccines | Dominant or Submissive |
|-------|-----|-----|----------|---------------------|------------------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |

How many pets have you owned in the last five years? If they are no longer with you, what happened to them?

Is your yard fenced?

| | | | |
|------------|------|------|----------|
| Chain link | Wire | Wood | Electric |
|------------|------|------|----------|

Are you available one Saturday each month for Outreach or other promotional events?

Will you be able to take the animals on home visits?

Have you ever attended obedience classes?

Who is your veterinarian? Name Address Phone

Who is your groomer (if used)? Name Address Phone

Why do you want to foster?

Thank you for making a difference in the lives of homeless pets in
Central Illinois!

Please return this form to:
Foster Pet Outreach
c/o Laura Nelson
PO Box 5084
Peoria, IL 61601-5084

Note: All three forms must be returned for you to be
considered!!

Foster Parent Recommendation

_____ is interested in becoming a foster parent for Foster Pet Outreach. They would be responsible for caring for a dog/cat until a permanent home can be found. Please take a few minutes to complete this brief form to help us make this a good experience for all.

Do you feel this person will be able to provide a safe home for this pet until it is adopted?

To your knowledge, can this person provide basic training, and control an animal?

Are there any factors that would make this a difficult adventure for this person? (Illness, family troubles, aggressive pets, etc.)

Why do you believe this person wants to take on this challenge?

What is your relationship to this person?

Remember, preferred reference is from vet or groomer!

Reference name: _____

Reference address: _____

Reference phone number: _____

Thank you for your help. Please return this form to:

Foster Pet Outreach, c/o Laura Nelson, PO Box 5084, Peoria, IL 61601-5084

Reference number One

Foster Parent Recommendation

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Reference address: _____

Reference phone number: _____

Thank you for your help. Please return this form to:

Foster Pet Outreach, c/o Laura Nelson, PO Box 5084, Peoria, IL 61601-5084

Reference number Two