



## Clay County Animal Care & Control Foster Volunteer Application

The information provided in this profile will enable us to find the most satisfying foster animal(s) and experiences for you. **Please be sure to complete the profile in its entirety.**

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

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

How did you find out about our foster program?

Friend  Website

Other (please specify) \_\_\_\_\_

### **Housing Information**

If you rent, please provide the following:

Landowner's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Family Information**

How many adults are in your household (please list names also)?

\_\_\_\_\_

\_\_\_\_\_

How many children? \_\_\_\_\_ Please list children's names and ages:

\_\_\_\_\_

\_\_\_\_\_

Type and names of pets you currently own (if none, have you owned any in the past 5 years and where are they now?)

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Are your pets currently vaccinated?       Yes       No  
Are all pets spayed/neutered?       Yes       No  
If no, is there a reason?

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Name & phone number of your veterinarian:

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Do you or anyone in your house have any known allergies to pets?  Yes  No

Who will be the primary caretaker of the animal? \_\_\_\_\_

Do all of the adults in the house want to foster pets? \_\_\_\_\_

How many hours a day will the foster animal be left alone? \_\_\_\_\_

Have you ever adopted a pet from a shelter before  Yes       No  
If yes, where is that pet now.

Are you over 18 years of age       Yes       No

Have you ever been convicted of animal cruelty, neglect or abandonment?  
 Yes       No

**Please check the kinds of animals you are interested in fostering.**

<input type="checkbox"/> Cat	<input type="checkbox"/> Dog
<input type="checkbox"/> Kitten	<input type="checkbox"/> Puppy
<input type="checkbox"/> Litters of kittens	<input type="checkbox"/> Litters of puppies
<input type="checkbox"/> Moms & kittens	<input type="checkbox"/> Moms & puppies

**If you are interested in fostering dogs or puppies, please answer the following:**  
Where will the foster animal(s) be kept during the day?

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Do you have a fenced yard \_\_\_\_\_ Yes \_\_\_\_\_ No  
How high is your fence? \_\_\_\_\_

Do you have outdoor shelter available? Please describe your outdoor area.

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Do you have an indoor area to confine the animal(s)? Please describe.

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**If you are interested in fostering cats or kittens, please answer the following:**  
Do you have an indoor area to confine or isolate the animal(s) from owned pets? Please describe.

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**I confirm that all information supplied on this profile is true and correct.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return to : Clay County Animal Care & Control**

**Ralph Roland**

**3984 SR 16 West**

**Green Cove Springs, Fl 32043**

**Email:** [ccac.rescue@co.clay.fl.us](mailto:ccac.rescue@co.clay.fl.us)

**Phone:** 904-529-5273

**Fax:** 904-284-7812

**Office info:**

**Photo ID Type** \_\_\_\_\_ **No.** \_\_\_\_\_

**Landlord approval** \_\_\_\_\_

**Yard / home check** \_\_\_\_\_

**Approval** \_\_\_\_\_