

# FOSTER APPLICATION



**Animal Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*The Animal Care Shelter for Kent County reserves the right to refuse adoption of an animal to anyone who falsifies information or fails to comply with ACSKC's standards of animal care. Failure to provide complete information may result in delays in processing or denial. It is at the sole discretion of the ACSKC to determine the appropriate match with the type of home that best provides for the specific animal's needs. PLEASE COMPLETE ALL INFORMATION BELOW*

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Spouse/Partner/Roommate Name:** \_\_\_\_\_

**Home/Cell Phone:** (     ) \_\_\_\_\_

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

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County/Township:** \_\_\_\_\_ **How long have you lived at this address?** \_\_\_\_\_

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**DO YOU: RENT / OWN?** (ACSKC will check property records to ensure ownership)

**If renting, landlord's name:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

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**Your Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Spouse's/Partner's Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Please list all pets that CURRENTLY live with you:

NAME	BREED/TYPE	AGE	ALTERED	WHERE KEPT	OFFICE USE ONLY
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	

Name of current veterinarian: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Please list PREVIOUSLY owned pets (within past 5 years)

NAME	BREED/TYPE	YEARS OWNED	WHAT HAPPENED TO THIS PET?	WHERE KEPT
				IN / OUT
				IN / OUT
				IN / OUT

Have you ever adopted from our shelter before? YES NO If so, when? \_\_\_\_\_

How did you hear about our shelter / this animal? (Circle all that apply)

Facebook Instagram Petfinder Adopt a Pet Our Website Local Other \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

1. Is this your first experience fostering a pet? YES / NO
2. How many hours each day will the animal be left alone? \_\_\_\_\_
3. Where will the animal be kept when you are gone? \_\_\_\_\_
4. How do you plan to keep this animal contained on your property? (Circle all that apply)  
Outdoor Kennel                  In the House                  In a Garage                  Fenced Yard                  Trolley System  
Invisible/Underground Fencing                  On Patio/Porch                  Other: \_\_\_\_\_
5. If there are children living in the household, how many? Ages? \_\_\_\_\_

I, \_\_\_\_\_ hereby grant permission The Animal Care Shelter for Kent County to contact my veterinarian and local animal control agency to obtain information related to my current and previously-owned pets in order to verify information on this application.

\_\_\_\_\_  
**Signature**

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

Thank you for completing this application! Please allow our staff at least two business days to process the information and contact you.

**--- FOR OFFICE USE ONLY ---**

**DATE/NOTES/STAFF INITIALS**

LANDLORD APPROVAL	YES NO	
SHOTS UP TO DATE	YES NO	
ANIMAL CONTROL		
REFERENCES		
MEET & GREET REQUIRED?	YES NO	

**ADOPTION: APPROVED**

ADOPTER CONTACTED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHEDULED TO PICK UP ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPAY/NEUTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ VETERINARIAN SCHEDULED WITH: \_\_\_\_\_

**ADOPTION: DENIED**

APPLICANT CONTACTED ON \_\_\_\_/\_\_\_\_/\_\_\_\_ EDUCATION OFFERED? YES NO

**REASON/COMMENTS:**

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*Revised 7/21/2020*