



Miss Winkles Pet Adoption Center Foster Care Application

85 Temperance Avenue Clovis, CA 93611
Phone: (559) 324-2485 Fax: (559) 294-6627

OFFICE USE ONLY

Submit Date ____/____/____

Approved by: _____

Declined by: _____

Date of Application: _____

Contact Information

Name (first, initial, last): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Birth date: ____/____/____ Age: _____

Driver's License Number: _____ Expiration date: _____ State Issued: _____

Your Family Pets

Do you have pets of your own? • Yes • No Type of pets: • Dogs • Cats • Other _____

Name:	Breed:	Age:	Sex:	Altered:	Current on Vaccination/License:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Preferred Fosters

What types of animals are you interested in fostering? (check all that apply) Where will you house your foster animal?

CATS

- Nursing cat (4-8 weeks of care)
- Orphaned kittens (4-8 weeks of care)
- Injured/Sick cat (2-6 weeks of care)
- Under socialized cat (2-6 weeks of care)

DOGS

- Nursing dog (4-8 weeks of care)
- Orphaned puppies (4-8 weeks of care)
- Injured/Sick dog (2-6 weeks of care)
- Under socialized dog (2-6 weeks of care)

- inside, loose
- inside, crated
- inside, separated
- other _____
- outside kennel run
- garage
- outside in yard

How many animals(s) are you willing to foster at one time: _____ Length of time you are willing to foster: _____

Do you have prior experience with the type of foster care you are willing to provide: • Yes • No

Are you able to keep the foster animal(s) separate from your own animals: • Yes • No

Are you willing to bring the foster animal(s) into the shelter for periodic checkups and regular vaccinations: • Yes • No

Are you willing to administer medications should the foster animal(s) require them: • Yes • No

Are you willing to be listed as an “emergency” foster home in case an animal should come to the shelter unexpectedly and need to be placed in a foster home immediately: • Yes • No

Are you willing to work with your foster animal(s) in areas such as obedience and house training: • Yes • No

How did you hear about our Foster Care Program? _____

References

List the names, relationship and telephone numbers of two people that are not related to you. Where possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer or other dog care professionals.

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____

Employment Information

Employed • Yes • No • Work from home • Work outside the home

• Full-Time • Part-Time / Number of hours worked during the day: _____ Work Schedule: _____

Average number of hours during the day that the foster animal(s) will be unattended: _____

Your Living Environment

Home Ownership Status: • Own • Rent/Lease How long at present address: _____

Residence Type: • House • Condominium • Apartment • Mobile Home • Dormitory • Other: _____

Landlord's Name: _____ Landlord's Phone: _____

Apartment Complex: _____ Extra security deposit required for pets: • Yes • No

Size of Yard: • Small • Medium • Large Is your yard fully fenced: • Yes • No

Type of fence: • Wooden • Chain-link • Other _____ Height of fence: _____

If yard is not fenced, how do you plan on containing the foster animal(s) when outside: • Leash • Tethered • Kennel

Your Family

Who do you live with: • Spouse • Parents • Children • Significant Other • Roommates • Alone

Number of Adults in household: · 0 · 1 · 2 · 3 · 4 · 5+

Number of Children in household: · 0 · 1 · 2 · 3 · 4 · 5+ List children's ages: _____

Do any family members suffer from pet allergies: · Yes · No If so, allergic to: · Dogs · Cats · Both

Clovis Pet Adoption Center has the right to make scheduled visits to the foster home.

BASIC RULES OF FOSTER CARE PROGRAM

- The foster animal(s) is only temporarily in your care and remains the property of the Clovis Pet Adoption Center.
- The purpose of foster care is to provide special care for the animal(s) and to help make the animal(s) more adoptable.
- The adoptions of foster animals(s) will be made through the Clovis Pet Adoption Center and are subject to the same guidelines as any other adoption. Foster Care Providers are encouraged to assist in the placement process of their foster animal(s), **but can not make any decisions regarding the final placement of the animal(s).**
- All foster cats and kittens will be kept indoors at ALL times.
- All foster dogs and puppies will be kept in a secure area, preferably a crate or a kennel run. Dogs and puppies will only be allowed off leash in the secure fenced area of your property.
- Chains or other devices to tether animals as a means of confinement will not be used.
- Training collar should only be used when training the dog on a leash – it should not be left on the dog while unattended.
- Foster animal(s) should always wear the collar and ID tags supplied by the Clovis Pet Adoption Center.

Applicant's Signature: _____ **Date:** _____

We appreciate your interest in becoming a Foster Care Provider for the Miss Winkles Pet Adoption Center. It is our goal to place as many adoptable animals in permanent homes as possible. With your help we can make this happen.

Please mail completed application to:

Miss Winkles Pet Adoption Center
c/o Clovis Police Department
1233 Fifth Street
Clovis, CA 93612
Attn: Erin Ford-Horio

Or you may drop the completed application at:

Miss Winkles Pet Adoption Center
85 Temperance Avenue
Clovis, CA 93611
Tuesday - Sunday, 10:00 a.m. - 6:00 p.m.