



**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.**

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**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.