



# FWACC Foster Care Profile

To help us to determine which foster animal(s) will be most compatible with your home and life style, please answer the following questions as completely and candidly as possible. Fosters must be 18 years of age or older.

Name: First	Middle Initial	Last	Cell Phone
Address			Home Phone
City/ZIP			County
Previous Address			Driver's License #
Previous City/Zip			Email Address

List all members of your household along with their ages:


**PET EXPERIENCE:** Please list **ALL** of the pets living in the home

Name	Male/Female	Breed	Color	Age	Time Owned	Spayed/Neutered	For office use only		
							Date Dis Given	Date RV Given	RV Tag#
	M/F					Yes/No			1yr/3yr
	M/F					Yes/No			1yr/3yr
	M/F					Yes/No			1yr/3yr
	M/F					Yes/No			1yr/3yr

Name of your Vet Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you foster for another organization?  No  Yes: Where? \_\_\_\_\_

Where will the foster(s) be kept during the day?


**I understand that I will be given a starter kit of supplies and that I will be responsible for providing additional supplies at my own cost after those run out without reimbursement from Fort Wayne Animal Care & Control.**

I am interested in fostering the following:

- Kittens       Newborn (4-6 week old)       Toddler (6-8 week old)
- Cats recovery from injury
- Puppies       Newborn (4-6 week old)       Toddler (6-8 week old)
- Heartworm positive dogs
- Dogs recovering from injury

Are there any types of animals you are not willing to foster?  Yes  No

If yes please explain: \_\_\_\_\_

**Please provide two references (one non-family member):**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. FWACC reserves the right to refuse any foster care applicant. My signature allows release of any information necessary to process this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Provided photo of area where fosters will be kept

Vaccine history completed

Completed the foster training

Completed dog to dog interaction (if needed)

Profile:  Approved  Denied –reason: \_\_\_\_\_

By: \_\_\_\_\_ (staff member)