

SHERIFF'S OFFICE ANIMAL CARE FOSTER PROGRAM



2510 Clay Bank Road
Fairfield, CA 94533
(707) 784-1356
FAX: (707) 784-1353

Thank you for your interest in becoming a Foster Parent for the Solano County Animal Care! Please fill out the attached application as well as a volunteer application, in full and return them both to the Shelter. We will contact you after tentative approval of this application to schedule a home visit to review your premises and situation as well as explain our expectations of you. If approved for our Foster Care Program, you will be required to sign a Foster Agreement prior to taking any animals into your care.

If you have any questions or comments, please do not hesitate to contact us.



SHERIFF'S OFFICE ANIMAL CARE FOSTER APPLICATION

Personal Information:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City/State/Zip: _____ Work Phone: _____
E-Mail: _____
Driver's License No. _____ State: _____ Exp. Date: _____

Housing Situation:

☐ Own Home ☐ Rent Home ☐ Own Condo ☐ Rent Condo ☐ Rent Apt. ☐ Mobile Home

If you rent what is the name of your housing complex? _____

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

Have you obtained permission to have a pet? ☐ Yes ☐ No

How many adults in your household? _____ How many children? _____ Ages: _____

Are you: ☐ Working ☐ Retired ☐ Student ☐ Other _____

How many hours is someone at home on a typical day? _____

Describe the activity level in your home. ☐ Low ☐ Medium ☐ High

Current Pets:

What pets do you currently have in your home? Include small pets and barnyard animals.

Age	Species	Spayed / Neutered? (yes/no)	Where kept? (inside/outside)	How long have you owned it?	Dog license no. and expiration date / vaccination date

Fostering Information:

Are you willing to foster sick/injured animals? ☐ Yes ☐ No

If yes, are you aware of the potential risk(s) to your other pet(s)? ☐ Yes ☐ No

If yes, are you willing to assume all costs and liabilities to your own animals? ☐ Yes ☐ No

Are you willing to foster older animals? ☐ Yes ☐ No

Are you willing to give medications (pills and/or liquids)? ☐ Yes ☐ No

What kinds of animals are you interested in fostering?

Cats:

What would you prefer to foster? (Please place a checkmark by all that apply.)

☐ Litter of kittens (with Mom) ☐ Litter of kittens (**NO** Mom- Need to be bottle fed)

☐ Kittens (4 weeks – 6 months old) ☐ Cats over 6 months old

Where would you keep your fostered cat?

☐ Cage/Playpen ☐ Separate Room ☐ Free roaming indoors ☐ Outside Enclosure/Run

☐ Other _____

Dogs:

What would you prefer to foster? (Please place a checkmark by all that apply.)

☐ Litter of Puppies (with Mom) ☐ Litter of Puppies (**NO** Mom- Need to be bottle fed)

☐ Puppies (4 weeks – 6 months old) ☐ Dogs over 6 months old

Where would you keep your fostered dog?

☐ Cage/Playpen ☐ Separate Room ☐ Free roaming indoors ☐ Outside Enclosure/Run

☐ Fenced Yard ☐ Other _____

Others:

What would you prefer to foster? (Please place a checkmark by all that apply.)

☐ Birds ☐ Turtles ☐ Rabbits ☐ Guinea Pigs ☐ Rats/Mice

Veterinarian Information:

Clinic and Vet Name: _____

Address: _____ City/State/Zip _____

Phone Number: _____ How long have you used this Vet? _____

Care:

Are you willing to transport the animal(s) to Solano County Care (in Fairfield) for any additional shots and/or spay/neuter? ☐ Yes ☐ No

Are you willing to pay for any medical care not currently covered/provided by Solano County Animal Care? ☐ Yes ☐ No

Are you willing to bring the pet(s) to Vallejo Petco for adoption (usually on Sundays)?
☐ Yes ☐ No

If not, are you willing to bring the pet(s) back to Solano County Animal Care for adoption?
☐ Yes ☐ No

Other Contacts:

Do you have anyone (friends/family/co-workers) who might be interested in joining our foster program? ☐ Yes ☐ No

May we call them to discuss the benefits of being a foster parent? ☐ Yes ☐ No

If yes, please provide us with their name and phone number below:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Name: _____ Phone Number _____

I certify that all the information in this application is true. I understand that false information will void this application. If approved, I understand that I will be required to sign the Foster Agreement, which is a legally binding document.

Signature: _____ **Date** _____