



FOSTER PET CARE VOLUNTEER PROVIDER APPLICATION

DATE: _____

CONTACT INFORMATION:

Name: _____

Address: _____

Phone: Cell _____ Home _____ Other _____

Email: _____

FOSTER PET PREFERENCES:

Type of Animal	Yes	No
Dogs		
Cats		
Birds		
Caged Reptiles		
Other Caged small furrries		

Do you prefer: Male pets Female pets Either

Do you prefer: Small pets Medium pets Large pets Any size

Can you foster a pet for up to: 30 days 60 days 90 days

Are there any types of pet you do NOT wish to provide care for? _____

HOUSEHOLD COMPOSITION:

Number of Adults (people 18 and over) _____

List Children under 18 and their ages below:

Name	Age	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you live in a: House Apartment Multiple Family Home

Do you live in a: Rural Area Suburban Area City Neighborhood

Do you have a fenced yard? Yes No

CURRENT PET INFORMATION:

Do you currently have pets of your own? Yes No

If yes:

NAME	AGE	TYPE OF PET	BREED	LENGTH OF TIME WITH YOU

Are your current pets up-to-date on vaccinations? Yes No

Do your current pets have any medical conditions/illnesses? Yes No

If yes, please explain _____

Current veterinarian: _____

Address: _____

Phone: _____

Have you ever been convicted of a felony? Yes No

Is there any other information that we should have in order to process your application?

Please return this application to:

Vera House, Inc.
Attn: Foster Pet Volunteer Program
6181 Thompson Road, Suite 100
Syracuse, New York 13206

Please call Dotti or Karen at 315.425.0818 with any questions you may have or contact by email
dbarracohetnar@verahouse.org
khargrave@verahouse.org

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