



**Companions
in Waiting**
Rescue & Adoption

Application to Foster

After completing this form, please call us at **650-328-0474** and we will let you know where to mail it for the fastest processing.

Please answer as completely as possible. Feel free to attach additional pages for longer answers.

YOUR CONTACT INFORMATION

Last name	First name	Email
Address		Daytime phone
City	State	Zip code
		Evening phone

HOUSEHOLD INFORMATION & EXPERIENCE

Do you: Rent Own Live with parents

Landlord's name

Landlord's phone

Are you currently allowed to house animals? Yes No

How many people currently live in your home? Adults _____ Children _____ Ages of children _____

Tell us about any pets currently living in your home:

Type/Species	Sex	Age	Spayed/Neutered?	Last Vaccinations	Time spent indoors/outdoors
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do your current pets get long with... Cats Dogs

Tell us a little about any previous pets (how many, what kind, how long were with you, where they lived etc.)

Have you ever fostered before? If yes, please describe. (What kind of animals? For which organization?)

Are you currently involved in any other foster or rescue programs (including caring for your community's feral cats)? If yes, please describe.

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FOSTERING ENVIRONMENT	
Who will be the primary caretaker of the foster animal(s)?	
How many hours per day will the animal(s) be left alone?	
How much time each day will you be able to spend with the animal(s)?	
Where would the foster animal(s) be living? <input type="checkbox"/> Indoor only <input type="checkbox"/> Outdoor only <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Garage/barn	
Are your windows securely screened? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your yard securely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Fence height: _____
You are interested in fostering (check all that apply):	
<input type="checkbox"/> Adult cats	<input type="checkbox"/> Adult dogs
<input type="checkbox"/> Weaned kittens	<input type="checkbox"/> Weaned puppies
<input type="checkbox"/> Unweaned (bottle-fed) kittens	<input type="checkbox"/> Unweaned (bottle-fed) puppies
	<input type="checkbox"/> Senior animals
	<input type="checkbox"/> Animals with special needs (ie, daily medication)
Please tell us briefly why you would like to become a Companions in Waiting foster home:	

Your signature below certifies that the above information is true and correct to the best of your knowledge.

See our website for more information about fostering: <http://www.CompanionsInWaiting.org/>

Thank you for opening your home to an animal in need!

Applicant signature: _____ **Date:** _____

Office use only	Date	Approved? Y / N	Initial:
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