

**SARASOTA COUNTY SHERIFF'S OFFICE**  
**ANIMAL SERVICES SECTION**

**FOSTER CARE APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT/LOT #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
DRIVER'S LICENCE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

NAME AND AGES OF ALL PERSONS LIVING IN THE FOSTER HOME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND AGES OF ALL PETS CURRENTLY LIVING IN FOSTER HOME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these pets spayed or neutered ? YES / NO    Are these pets currently vaccinated ? YES / NO

ARE THERE ANY SPECIAL CONSIDERATIONS AS TO THE TEMPERAMENT OR BASIC DISPOSITION,  
OR HEALTH OR YOUR ANIMALS, THAT ANIMAL SERVICES NEEDS TO CONSIDER BEFORE  
PLACING A FOSTER PET IN YOUR HOME ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHERE WILL THE FOSTER PET STAY DURING      Day ? \_\_\_\_\_      Night ? \_\_\_\_\_

While you are away from home ? \_\_\_\_\_

DO YOU HAVE A FENCED YARD ?    YES / NO

NAME OF YOUR VETERINARIAN \_\_\_\_\_

HAVE YOU EVER FOSTERED A PET BEFORE ?    YES / NO

WHY ARE YOU VOLUNTEERING YOUR TIME TO FOSTER A PET FROM THIS SHELTER ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST TWO LOCAL REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

WHAT ARE YOU MOST INTERESTED IN FOSTERING ? \_\_\_\_\_