



# animal protection league

JOHNSTON COUNTY

[www.jcapl.org](http://www.jcapl.org) 919-989-7601

PO Box 607 Smithfield, NC 27577

## *Foster Application*

Your Name: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ If renting, please provide Landord's contact information: \_\_\_\_\_

Number of Adults in your house: \_\_\_\_\_ Number of Children in your house: \_\_\_\_\_

On average how many hours a day will the foster be left alone? \_\_\_\_\_

Do you plan to crate train your fosters? \_\_\_\_\_

Where will the foster be kept when you are not at home? \_\_\_\_\_

Where will the foster sleep? \_\_\_\_\_

Who will be the main caregiver for the foster? \_\_\_\_\_

Anyone with allergies living in your house? \_\_\_\_\_

Is your yard fenced? \_\_\_\_\_ If not, how will you handle exercise \_\_\_\_\_

\_\_\_\_\_

Please list below all pets you currently own or that are in your care/house.

Name	Cat/Dog	Breed	Male/Female	Age	Spayed/Neutered
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list below all pets you have owned in the past 5 years that are currently not with you and the reason they are no longer with you.

Name	Cat/Dog	Age	Reason no longer with you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Vet's Name & Contact Information: \_\_\_\_\_  
\_\_\_\_\_

If you do not have a vet currently, please give previous vet's information: \_\_\_\_\_  
\_\_\_\_\_

Other References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this your first foster? \_\_\_\_\_ If you have fostered before, please provide name of group you fostered for in the past: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to Foster? \_\_\_\_\_  
\_\_\_\_\_

What makes you a good foster candidate? \_\_\_\_\_  
\_\_\_\_\_

Length of time you will be fostering for JCAPL: \_\_\_\_\_

Do you prefer to foster Dogs \_\_\_\_\_ or Cats \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Age Preferences: under 6mths old \_\_\_ 6mths-24mths old \_\_\_ Adult \_\_\_ Senior \_\_\_

Maximum number of Foster you prefer at one time: \_\_\_\_\_

Are all members of your household aware that you will be fostering and are in agreement? \_\_\_\_\_

Will you be able to transport your foster(s) to/from vet appt. and adoptathons? \_\_\_\_\_

Are you willing to take a dog to obedience training or provide behavior medications if needed? \_\_\_\_\_

May we periodically visit your home to see the pets you are fostering? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ agree to abide by the fostering rules set forth by the Animal Protection League of Johnston County (JCAPL). I completely understand the fostering rules and agree to follow them as outlined in the "Foster Agreement" provided to me by JCAPL.

Foster Applicant's Signature: \_\_\_\_\_

JCAPL Board Member's Signature: \_\_\_\_\_

JCAPL Board Member's Name Printed: \_\_\_\_\_