



C.itizens for  
H.umane  
A.nimal  
T.reatment

*Partner of the  
Wakulla County Animal Shelter*

## Foster Parent Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

What type of animal would you like to foster? \_\_\_\_\_

Are you a Foster Parent with another program? \_\_\_\_\_ Name of group \_\_\_\_\_

Are you a homeowner? \_\_\_\_\_

If you rent, name and number of landlord \_\_\_\_\_

Number of other animals in your home \_\_\_\_\_ Current on vaccines? \_\_\_\_\_

Types of animals in your home \_\_\_\_\_

Are you able to restrict cats and small animals to indoors only? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

Type of outdoor shelter (for dogs)? \_\_\_\_\_

Name and number of your Veterinarian  
\_\_\_\_\_

May we contact for referral? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note : Membership is required to become a Foster Parent