



NORTH COUNTRY
ANIMAL LEAGUE
Come find your next best friend.
 16 Mountain View Meadow Road, Morrisville, VT 05661
 802-888-5065 x 101
 www.ncal.com

FOSTER HOME APPLICATION

We ask anyone who is interested in providing foster care to complete this application. The information provided will help to ensure the best animal placement for your home.

Name(s): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Cell: _____

Email: _____

What type of pet would you like to provide care for?

Cat(s) _____ Kitten(s) _____ Cat with litter of kittens _____

Dog(s) _____ Puppy(s) _____ Dog with litter of puppies _____

Other: Cat/dog with medical needs _____ Cat/dog needing socialization _____

Dog with training issues _____

Should an animal with special needs require a foster parent, please describe how you would be able to provide them with care:

What length of time are you willing to keep a foster cat or dog? _____

The foster cat would be kept:

- Strictly indoors
- In a room separated from resident animals

The foster dog would be kept:

- Indoors and taken outside for walks on a leash
- Indoors with periodic access to a fenced yard
- Puppy pen
- In a room separated from resident animals

How many hours will your foster animal(s) be left alone each day? _____

If needed, would you be able to bathe, groom, or medicate your foster animal? _____

Would you have any objections to a NCAL representative visiting your home to ensure a good match for the foster cat or dog? _____

Would you be able to transport your foster animal to a veterinarian should the need arise? _____

Please list all animals that you currently have in your home.

Species _____ Breed _____ Age _____ Sex _____ Spayed/Neutered _____

Species _____ Breed _____ Age _____ Sex _____ Spayed/Neutered _____

Species _____ Breed _____ Age _____ Sex _____ Spayed/Neutered _____

How many people are in your household? Adults _____ Children _____ Ages _____

Are any members of your family allergic to animals? _____

Do you have a regular veterinarian? If so, please provide a name and number.

Name _____ Phone _____

Do you own or rent your home? _____

If you rent, please provide the property owner's name, address, and phone #:

Please list one reference (family/friend):

Name: _____ Relationship: _____

Phone: _____

Signature: _____ Date: _____

NCAL Representative: _____ Date: _____