



## Foster Parent Check Off List

Name of Foster Parent \_\_\_\_\_

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

E-Mail \_\_\_\_\_

How many in children in home and ages \_\_\_\_\_

Does anyone in home have pet allergies?      YES    NO

Please describe: \_\_\_\_\_

Work outside home \_\_\_\_\_ # of hours per day \_\_\_\_\_

Do you Own or Rent? \_\_\_\_\_      Single family home or Apartment?

Veterinarian \_\_\_\_\_      Phone \_\_\_\_\_

Currently have pets of own \_\_\_\_\_

Pets name, age, breed, spayed or neutered \_\_\_\_\_

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

Type of Companion Animal will take:

Bottle fed Kittens, puppies (every 2 hours)

Weaned Kittens, Puppies

Pregnant Cat or Dog

Mother with Kittens or puppies

Animal recovering from surgery

Injured or ill cat/kitten or dog/ puppy

Start date of fostering

Yard fenced in

Have Housetrained a pet before

Foster Parents needs Cages \_\_\_\_\_      Dog House \_\_\_\_\_

Foster agreement reviewed and signed \_\_\_\_\_

LOP Member completing paperwork \_\_\_\_\_

Date \_\_\_\_\_