

Foster Application

You must be over 18 to foster. All foster animals remain the legal property of BCAS. Thank you for helping us save animals.



Date _____

Please print clearly

First name _____ Last name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Work _____

Email: _____

Contact Person Primary _____ Secondary _____

What animal are you interested in fostering? Animal's name _____

Why are you interested in fostering? _____

Canine:

Would you be willing to foster?

- Dog
- Puppies
- Mother dog w/pups
- Pregnant dog
- Bottle feeding underage puppies
- Special Needs
- Senior
- Injured
- Sick
- Deaf/Blind dogs
- Recovering from surgery
- Bully Breeds
- Socialization
- Abused/Neglected
- Other

Describe your yard:

- No yard
- Yard unfenced
- Partially fenced
- Completely fenced
- How tall is your fence? _____

If you do not have a fenced yard, do you agree to keep your dog leashed at all times? (initials) _____

What are your plans for your foster dog when you're gone during the day? What about at night? _____

Shelter dogs have sometimes been in neglectful and/or abusive situations and, therefore, may experience difficulty making the transition to a new foster home. Are you willing to be patient while the animal adjusts to the new foster home?

- Yes
- No

Feline:

Would you be willing to foster?

- Cat
- Kittens
- Nursing Mother
- Pregnant cat
- Bottle feeding kittens
- Special Needs
- Senior
- Injured
- Deaf/Blind cat
- Recovering from surgery
- Socialization
- Sick
- Abused/Neglected
- Other

Canine and / or Feline:

Do you have any experience with the above choices? Yes No

If yes, what is your level of experience?

- No experience – but excited to learn
- Some experience – have had a pet dog or two before
- Lots of experience – my friends and family consider me an expert

Are you able to give: Pills Liquid Medications Injections

Do you have a separate room or area to keep your foster animal(s) away from your animals if necessary? Yes No

If an emergency arose with your foster animal, would you be able to take it to a vet? Yes No

Do you know how to properly introduce your foster animal to pets at home? Yes No

How long are you willing to keep a foster animal? 1-4 weeks 1-3 months 3 months or longer

How would you describe your household?

- Very quiet – only a few residents and not too many guests
- Average – not too quiet but not party animals
- Very busy – lots of people are coming in and out

How many people live in your household? Adults _____ Children _____ Seniors _____

Are you aware of any restrictions (rules from landlord, condo association, etc.) that would prevent you from fostering a pet?
It is your responsibility to ensure you are allowed pets.

- I am not allowed dogs
- There are size restrictions
- I can only have a limited number
- I don't know
- I can have any pet

List all of your current pets – use more space if necessary

- | | | | | | | |
|------------------------------|------------------------------|-------------|-----------|---------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | Breed _____ | Age _____ | <input type="checkbox"/> Spayed | <input type="checkbox"/> Neutered | How long owned _____ |

How many hours a day are you available to devote to your foster animal? _____

Would you be willing to have the foster coordinator do a home visit? Yes No

Signature _____

Print _____

Date _____ Date of Birth _____ Driver's License # _____

PLEASE NOTE
All foster animals remain the legal property of BCAS. All policies must be adhered to.

For Office Use Only
Employee Initials _____
Approved: YES NO

Bastrop County Animal Services
589 Cool Water Drive
Bastrop, TX 78602
512.549.5160 [phone]
512.303.6491 [fax]