



**QACAS  
Foster  
Application**

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

PO Box \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**List of all household animals-**

NAME	TYPE	AGE	MALE FEMALE	SPAYED NEUTERED	EXP OF VACCINES
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Name/type of animal you're interested in fostering \_\_\_\_\_

How many hours will this animal be left alone at a time?

Where will they stay when they're left alone?

Is your residence a -

House  Apartment  Condo  Townhouse  Mobile/Manufactured

Do you rent or own your property?  Rent  Own

If you rent, are there breed/animal restrictions?  Yes  No

Have you fostered/worked with any animal organization?  Yes  No

If yes, with whom? \_\_\_\_\_

Are there any animals you are uncomfortable/unwilling to handle?  Yes  No

If yes, what kind: \_\_\_\_\_

Are there any topics you wish to discuss with QACAS staff?

I hereby certify that I am at least 18 years of age and that everything on this application is true. QACAS can deny my application if it deems not in the best interest of the animal. QACAS reserves the right to request additional materials prior to approving this application including but not limited to vet reference, verification of ownership of residence, proof of income, etc. We may also contact other shelter/jurisdictions regarding history of pet ownership or complaints.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_