

Thank you for your interest in becoming an approved foster volunteer with Corpus Christi Animal Care Services. Please fill out this foster application. We will use the information to match you with appropriate animals in need of foster. We look forward to working with you in the future!

| Your Name                                     |                        |                     |             | Best P      | Best Phone Contact Number     |     |            |               |
|---|------------------------|---------------------|-------------|-------------|-------------------------------|-----|------------|---------------|
| Physical Addre                                | SS                     |                     | City        |             | State                         | Zip | <u>-</u>   |               |
| Alternate Phone Number Email                  |                        |                     |             |             | Your Date of Birth            |     |            |               |
| Please tell us a                              | little about your      | household:          |             |             |                               |     |            |               |
| Type of Residence                             |                        |                     | Own         | Rent        | ent Do you have a fenced yard |     |            | ?             |
| Names and Ago                                 | es of Children in t    | he household        |             |             |                               |     |            |               |
| Current Pets                                  | <u>Type</u>            | Breed               |             | <u>Name</u> | <u>!</u>                      |     | <u>Age</u> | <u>Gender</u> |
| What type of a Puppies _ Adult Dogs _ Kittens | nnimals are you in<br> | terested in foster  | ring? Pleas | e check all | that apply:                   |     |            |               |
| Adult Cats                                    | <del></del><br>        |                     |             |             |                               |     |            |               |
| Where will you                                | ur foster animal(s)    | be housed?          |             |             |                               |     |            |               |
| How many hou                                  | urs a day will the a   | animal(s) be left a | ilone?      |             |                               |     |            |               |
| Other Informat                                | tion You Want Us       | to Know:            |             |             |                               |     |            |               |
|   |                        |                     |             |             |                               |     |            |               |
|   |                        |                     |             |             |                               |     |            |               |
| Signature                                     |                        | <del></del>         |             |             | <br>Da                        | ite |            |               |