

List all of the animals that you have owned or lived with in the past two years:

Name	Type of Animal	Age	Sex	Spay or Neutered?	Still owner? (if no, explain)

Where are your animals kept? Indoors Outdoors Both Do you have a fenced yard?: Yes No

Explain:

Are you currently fostering for another organization? Yes No

If so, who?

Where will the pet sleep at night?

Name of your veterinarian: Phone Number:

Name of emergency contact: Phone Number:

I certify that all of the information contained in this application is true, and I understand that false information may void this application. I also certify that neither I, nor anyone in our household has ever been convicted of animal cruelty, neglect or abandonment.

Signature: _____ Date

AUTHORIZATION FOR RELEASE OF INFORMATION

If you have owned animals in the past two years, please sign below.

I, _____, have made application to the Regional Center for Animal Control and Protection
 Print Name

to foster an animal. I hereby authorize the Regional Center for Animal Control and Protection to contact any and all veterinarians, veterinary technicians, health care providers and any other individuals who have provided health and/or medical care to my current and/or past animals and I authorize any and all individuals so contacted to release any and all such information to the Regional center for Animal Control and Protection.

 Signature of applicant

 Printed name of applicant

Date

 Witness (RCACP staff member)

Staff Notes:

Currently Fostering Active Volunteer Approved Not Approved