

Clackamas County Dog Services Animal FOSTER Application

Name		Home Phone		Work Phone	
Address			City		State
Zip Code		E-mail Address		Date of Birth	Drivers License/ID #
State of Issuance		Do you (Please circle) Own Rent Other If other please explain		How long at Current Address If less than 6 months – previous address:	
Do you live in (please circle)? House Apartment Mobile Home Other		Landlord Name and phone number (if you do not own your own home)		Do other adults live in this house? Have they approved of this fostering?	
How many children live in this house? Children's ages:		Where will this animal be sleep?		Will this animal be (please circle) Indoors Outdoors In/Out	
How will you confine & exercise this animal:				What is your reason for wishing to participate in the fostering program:	

Please list pets that currently reside in your home

Type of animal	Male/Female	Spayed/Neutered		Age	Current on vaccinations?		Currently licensed?	
	M F	Yes	No		Yes	No	Yes	No
	M F	Yes	No		Yes	No	Yes	No
	M F	Yes	No		Yes	No	Yes	No

Please list the types and breeds of pets you've owned in the last five years

Type & Breed of Animal	Age	How long did you own	Where is the animal now?

1. Would you be willing to permit a visit by a representative of Clackamas County Dog Services: _____ yes _____ no
2. Where did you hear about our fostering program?

I certify that the above information is true and accurate to the best of my knowledge and that falsification of information can be cause for denial of my application.

Signature of Applicant

Date

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Date