



Animal Control Foster Volunteer Form

Foster's Name _____ Date _____
Please Print

ID / Driver's License # _____

Address _____
Mailing Address City State Zip

E-mail address _____

Home Phone Number _____ Work Phone Number _____

Cell phone Number _____ Other Contact Number _____

Do you own or rent the property where the dog will be kept? **Owner** **Renter**
If renting, the apartment owner must provide a letter (to be attached to this form) acknowledging permission to keep pets in the residence and listing stipulations regarding size or type of animal.

Required Questions

Why would you like to participate in this program?

Do you own or foster additional pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete the following:		
<i>Pet Name</i>	<i>Species</i>	<i>Sex</i>	<i>Age</i>	<i>Spayed/Neutered</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a fenced yard? Yes No

Do you plan to keep the dog indoors/on a leash? Yes No

_____ (Initial) Dog may not be sold, traded, or given away. Adoption must follow the official process set forth by the Arkadelphia Animal Control.

_____ (Initial) Veterinarian care, food, water, and shelter will be the responsibility of _____.

Times available for in-house interview: M T W R F _____

Do you work outside of the home? Yes No

How many hours a day are your pets home alone? _____

Where are they kept when you are away from home? _____

Do you have children in your household? Yes No

If yes, how many? _____ Please list their ages: _____

Your Veterinarian's Name _____ Phone Number _____



Please list two personal references whom we may contact:

Personal Reference #1: _____
Phone number: _____ Relationship: _____

Personal Reference #2: _____
Phone number: _____ Relationship: _____

Foster Signature _____ **Date** _____

Animal Control _____ **Date** _____