

Supplemental Questionnaire for Foster Care Applicants Only

Do you own or rent?	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Length of time at current residence: _____
If you rent, do you have written permission from your landlord to have a dog/cat? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Landlord's Name: _____		Phone: _____	
Please check the box that best describes the type of residence you live in:			
Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Single House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> _____			
Yard size: _____		Is it fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> Fence Height: _____	

How will your foster dog/cat spend its days? (Check all that apply)

Porch | Garage | Basement | Crated Indoors | Loose Indoors | Outdoor Kennel
 Dog House | Tied Outside | Loose unfenced | Fenced Yard | Other _____

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Are you planning to move within the next six months? Yes No

If yes, please explain:

Do any of your pets have physical or behavioral problems? Yes No

If yes, please describe:

Do all your pets get along with other cats/dogs? Yes No

Are all your pets current on their vaccinations? Yes No

Does any member of your household have allergies to animals? Yes No

Number of adults living in your home: _____

Number of children living in your home: _____ Children's ages: _____

Children's previous experience with cats/dogs:

Please list three personal references, one of which **MUST** be your veterinarian:

Name: _____	
Phone (home): _____	Phone (work): _____
Relationship to you: _____	Number of years acquainted: _____

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Thank you for your interest in becoming a Friends for Life Foster Care Volunteer!