

Sedalia ANIMAL SHELTER

Date: _____

Name: _____ Are you over 18 years old? Yes No

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Do you own or rent the place where you live? _____ If you rent, are animals allowed? _____

If there are restriction
on animals, explain:

If you rent or reside in another
person's home, provide their
name and telephone number:

Number of children in your household: _____ Their ages: _____

Do you have a yard: Yes No Is the yard completely fenced: Yes No

Select the option that describes your normal day: Home all day Out part-time Gone 7-10 hrs daily

Indicate pets currently living with you: Dogs: _____ Cats: _____ Birds: _____ Other: _____

Name of veterinarian: _____

Are your pets: Indoor Only Outdoor Only Both

Are your pets current on their vaccinations? Yes No

Are all your pets spayed and/or neutered? Yes No

If no, please explain: _____

What type of animal(s) would you like to foster:

- | | |
|--|--|
| * Young unweaned kittens without a mom | <input type="radio"/> Yes <input type="radio"/> No |
| * Young unweaned kittens with mom | <input type="radio"/> Yes <input type="radio"/> No |
| * Weaned kittens | <input type="radio"/> Yes <input type="radio"/> No |
| * Adult cats | <input type="radio"/> Yes <input type="radio"/> No |
| * Young unweaned puppies without a mom | <input type="radio"/> Yes <input type="radio"/> No |
| * Young unweaned puppies with mom | <input type="radio"/> Yes <input type="radio"/> No |
| * Weaned puppies | <input type="radio"/> Yes <input type="radio"/> No |
| * Adult dogs | <input type="radio"/> Yes <input type="radio"/> No |
| * Sick or injured pets | <input type="radio"/> Yes <input type="radio"/> No |

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How long are you willing to foster at any one time? _____

Are you willing to foster more than one animal at a time? Yes No

Any foster pet you take needs to get along with: Dogs Cats Kids

How will the foster pet receive exercise? _____

Where will the foster pet be kept (indicate "day" with a D and "night" with an "N"):

Loose Indoors _____ Basement _____ Garage _____ Closed in a room _____

Fenced yard _____ Pen _____ Loose outdoors _____ Tied outside _____

Crate or carrier _____ Other (specify) _____

Have you cared for young, unweaned puppies or kittens before? Yes No

If yes, explain: _____

Have you ever given medication to sick animals before? Yes No

If yes, explain: _____

Are you willing to provide food and litter at your own cost for foster pets? Yes No

Have you fostered an animal before? Yes No

If yes, what organization did you foster for? _____

Signature: _____ Date: _____

Printer Name: _____

Return Application in Person to:
Sedalia Animal Shelter - 2420 S New York
or mail to:
200 S Osage, Sedalia MO 65301

For S.A.S. use only:

Approved: Yes No

Staff Initials: _____

Date: _____

Comments: