

Thanks for your interest in becoming a foster parent for San Saba County Friends of Animals!

Please note, you must be 18 years of age or older to participate in the program unsupervised. Once the application is received, you will be contacted by a member of the Foster Care Committee, and given we have a match, you will be informed of the next steps. Because of the responsibility involved with fostering, it is likely additional training will be required. Thank you again for your interest in fostering!

First Name			Last Name		M.I	
Address				City	State	
Zip code	E	mail				
Over 18?	□Yes □No	Hor	me Phone #			
Work #			Cell #		_	
What type of	animals do you	want to foster	? (Please circle)			
adult cats	senior cats	kittens	litter of kittens	mom & kittens		
adult dogs	senior dogs	puppies	litter of puppies	mom & puppies		
birds	small mamma					
animals with	illnesses	injuries	skin problems			
bottle babies						

Why would you like to foster for SSCFOA?						
Describe your experience working with animals						
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How many adults are in your family?						
, , , , , , , , , , , , , , , , , , , ,						
How many children? Ages?						
<u> </u>						
What type of dwelling do you live in?						
,						
How many pets do you own? Please describe						
Are their vaccines current? □Yes □No						
Are your pets spayed and neutered? □Yes □No						
If not, please explain why						
How long will your foster animals be left unattended?						
Why?						
Describe the area in your home in which your foster animal(s) will be kept both day and						
night						

Do you have a fenced yard? □Yes □No	
Describe the type and height of fence	
Do you plan to separate your foster animals from your ov	vn animals? □Yes □No
Please explain	
	umanly euthanized. <u>Although you are a foster parent, the</u>
	uthanize animals are always very difficult, but sometimes
necessary – even though it may be a foster animal.	
Comments?	
	
Are you aware we will be conducting a home visit prior to	being accepted into the program?
I give permission to San Saba County Friends of Animals t	o verify any information given in this application. I also
understand if I do not abide by the specific foster policies	and follow the direction of the Foster Care Committee, my
volunteer duties may be terminated.	
Volunteer Signature	
Print Name	
Date:	
Approv	ed by SSCFOA [Board/Volunteer Committee], Date: