



The Pet Adoption Center of Orange County

Pets. Family. For Life.

www.adoptocpets.org

P.O. Box 80400, Rancho
Santa Margarita, CA 92688
949-858-1000
info@adoptocpets.org

Foster Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ E-mail: _____

Why would you like to participate in this program?

Times available for in-house interview: _____

Type of animal(s) you are willing and able to foster:

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed or Neutered?	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your pets good with other animals? _____

If you have cats, do you keep them indoors or do you let them outside?

If you have dogs, do you keep them primarily indoors or outside?

Do you have a fenced yard? Yes No

Please indicate your housing status:

Rent an apartment

Rent a house

Own a house or condo

Live with parents

If you are renting, please provide your landlord's name and phone number:

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: _____

Telephone number: _____

Please list two personal references that we may contact:

Personal reference #1: _____

Phone number: _____

Your relationship: _____

Personal reference #2: _____

Phone number: _____

Your relationship: _____

Please make any additional comments below:
