



The Pet Adoption Center  
of Orange County

**Pets. Family. For Life.**

[www.adoptocpets.org](http://www.adoptocpets.org)

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**Stanley W. Ekstrom Foundation**

## FOSTER APPLICATION

### ABOUT YOU

Name:

Address:

City:

State:

Zip:

Mobile Phone:

Home Phone:

Email Address:

### YOUR CURRENT PETS

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed/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?

How many hours a day are your pets home alone?

Where are they kept when you are away from home?

## FOSTERING

Why would you like to participate in this program?

Times available for in-house interview:

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

Do you have any experience fostering?

Yes  No

Describe fostering experience:

Are you able to transport your foster to vet appointments?

Yes  No

Are you willing to administer medication if need be?

Yes  No

## ABOUT YOUR HOME

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:

Landlord name:

Phone number:

Do you work outside of the home?

Yes  No

How many adults live in your household?

Do you have children in your household?

Yes  No

If yes, how many?

Please list their ages:

## VETERINARIAN INFORMATION

Practice name:

Phone number:

## REFERENCES

Please list two personal references that we may contact:

Reference Name:

Phone number:

Your Relationship:

Reference Name:

Phone number:

Your Relationship:

Please make any additional comments below:

Signature:

Date: