Virginia Beach Animal Control Foster Family Application & Information Sheet

Name:			Date:	
Street Address:				
ity: Zip:			Phone:	
Alternate Phone:	E-mail:			
What is your preferred method of contact:	Phone	or	E-mail	
Do you have other animals in your home, either	er owned or fos	tered?		
How many dogs do you currently have in your home? Are they all sterilized?				
How many cats do you currently have in your home?			Are they all sterilized?	
Not including rabies vaccine, what other vaccin	nations do you ¡	orovide for	your animals?	
Do you have any other animals in your home?	If ye	es, please	list what kind and how many:	
Are there children living in or visiting the house	e?	If yes,	please list their ages:	
Do you have a separate room or area where yo	ou could keep f	oster anim	als isolated?	
An annual home-visit is required of all foster he from VBAC staff?		willing to	make your home available for a quick visit	
Are you prepared to provide food, litter, toys, of (Minor medical care will be provided by VBAC's by case basis with Supervisor approval.)				
Have you ever been convicted of animal cruelt	y, neglect, or a	bandonme	nt?	
Please print full name of foster care provider		Si	gnature of foster care provider	

Animals of interest

Please check all that apply. Remember you can always say no to individual animals or litters. Felines: Orphaned newborns needing bottle-feeding (1 day- 5 weeks) Nursing mother and kittens ____ Kittens not requiring bottle-feedings (5 – 8 weeks) _____ Cats or kittens with a physical handicap ____ Cats or kittens requiring daily medication Cats or kittens recovering from illness Cats or kittens recovering from injury or surgery _____ Cats or kittens needing socialization _____ Cats or kittens needing to be observed in a home setting to determine behavior and temperament _ Cats or kittens needing temporary housing due to owner's extended absence (deployment, homeless, women's shelter, etc; these animals may need a month or more of foster care) Canines: Orphaned newborns needing bottle-feeding (1 day- 5 weeks) Nursing mother and kittens Puppies not requiring bottle-feedings (5 – 8 weeks) _____ Dogs or puppies with a physical handicap Dogs or puppies requiring daily medication ____ Dogs or puppies recovering from illness Dogs or puppies recovering from injury or surgery Dogs or puppies needing socialization Dogs or puppies needing to be observed in a home setting to determine behavior and temperament ____ Dogs or puppies needing temporary housing due to owner's extended absence (deployment, homeless, women's shelter, etc; these animals may need a month or more of foster care) Small Animals: (Usually for socialization, lack of space, or pregnancy/nursing) ____ Guinea Pigs _____ Hamsters/Gerbils/Mice Rabbits Rats ______ Small Birds (parakeets, cockatiels, finches) ______ Large Birds (parrots) Please describe your experience with birds and/or small animals: