



Stover Animal Rescue

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www.stoveranimalrescue.petfinder.com



I am interested in _____
(Pet's Name)

FOSTER CARE APPLICATION

(please continue on back – if needed - with any explanations or additional helpful information for any item requested)

Date _____ Are you over 18 years of age ___ yes ___ no

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone(s) Cell _____ Home _____ Work _____

• **Home:** ___ Own ___ Rent If renting, are there restrictions to having animals? ___ yes ___ no If yes, please explain in detail _____

If you reside in another person's home, please provide their name _____ and phone _____ How many children in the home? _____ Age range? _____

How many rooms? _____ Do you have a yard? ___ yes ___ no If yes, is it fully fenced? ___ yes ___ no

Indicate the option that best describes your day: ___ home all day ___ gone at short intervals ___ gone 7-10 hours

• **Animals currently at home:** ___ dogs ___ cats ___ birds ___ other _____

My animals are ___ indoor only ___ outdoor only ___ both Are they spayed/neutered? ___ yes ___ no

Are they current on vaccinations? ___ yes ___ no If **no** to spay/neuter or current on vaccinations, please explain: _____

• The name of the **veterinarian(s)** I use for my animals is (if more than one, please list all)

Clinic Name	Clinic Name
Name of specific veterinarian I use	Name of specific veterinarian I use
Address	Address
Telephone	Telephone

I have administered: ___ oral medications ___ injections ___ skin treatments ___ other _____

Are you willing to provide food and litter for a foster pet at your own expense? ___ yes ___ no

How long are you willing to foster at a time? _____

Are you willing to foster more than one animal at a time? ___ yes ___ no

Any foster pet I take needs to get along with ___ dogs ___ cats ___ children ___ other _____

• **Animals I would like to foster:**

- unweaned kittens without a mom I have cared for these before
- unweaned kittens with a mom I have cared for these before
- weaned kittens I have cared for these before
- adult cats I have cared for these before
- unweaned puppies without a mom I have cared for these before
- unweaned puppies with a mom I have cared for these before
- weaned puppies I have cared for these before
- adult dogs I have cared for these before
- sick or injured animals I have cared for these before

How will the foster pet receive exercise? _____

Where will the foster pet be kept (please indicate with **D** for day and **N** for night)?

- loose indoors contained in a room contained in crate or carrier pen garage basement
- loose outdoors in fenced yard tied outside other _____

Have you fostered before? yes no If yes, explain _____

I currently foster for (list other agencies): _____

Personal References Please list someone who is familiar with both you and your pets.

Name: _____ Address: _____

Phone: _____ Relationship relative neighbor friend other _____

Name: _____ Address: _____

Phone: _____ Relationship relative neighbor friend other _____

All of the information I have given is true and complete.

Signature

Date

(print your name)

SAR NOTES:

Received:	_____	_____
	SAR representative	Date
Reviewed:	_____	_____
	SAR representative	Date
Home visit:	_____	_____
	SAR representative	Date
Approved:	_____	_____
	SAR representative	Date