



Foster Application

1510 Baldwin Ave. NE, Roanoke, VA 24012
540-344-4922



The Regional Center for Animal Care and Protection’s goal is to find permanent, loving, and responsible homes for each of the animals in our care. We often take in animals that require extra time and care outside of the shelter to become a potential candidate for adoption, these animals are placed into our Foster Program. Foster volunteers provide temporary care and housing for foster pets in their home until the animal is ready for adoption or rescue. Foster volunteers must be at least 18 years of age, live within 1 hour of the RCACP and have all resident animals up to date on vaccinations.

I WANT TO FOSTER (Check all that apply):

- Kittens
- Puppies
- Cats
- Dogs

I CAN PROVIDE CARE FOR (Check all that apply):

- Bottle-Fed Kittens/Puppies
- Adult Cats/Dogs
- Mothers with Litters
- Small Kitten Litters (1 - 3 kittens)
- Large Kitten Litters (4 -7+ kittens)

ALL FIELDS MUST BE COMPLETED - PLEASE PRINT

First Name: _____ Last Name: _____

Street Address: _____

City/State/Zip: _____

City/County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Date Of Birth: _____ Driver’s License Number: _____

Your Residence Type:

- House
- Townhouse
- Apartment
- Mobile Home
- Condo

Do You: Own or Rent

It is the responsibility of each foster parent who rents to ensure that their landlord permits pets. By signing below, you attest that you are permitted to have pets in your home. Falsification of a foster application may result in denial of fostering or adoption from the Regional Center for Animal Care and Protection.

(Electronic Signature) Applicant Signature

How many people live in your home? Adults _____ Children _____

Who will be responsible for the care of the foster animal(s)? _____

Do you have a separate area in your home for a foster animal? Yes No

Please Describe: _____

Are you able to keep any household pets separate from foster animals? Yes No

Please list all animals that you have owned or lived with you within the last two years:

Name	Type of Animal	Age	Sex	Spayed/ Neutered?	Still Owner? (If no, explain.)

Name of your Veterinarian: _____ Phone Number: _____

Are you currently fostering for another organization? Yes No

If yes, who? _____

Name of Emergency Contact: _____ Phone Number: _____

I certify that all of the information contained in this application is true, and I understand that false information may void this application. I also certify that neither I, nor anyone in our household has ever been convicted of animal cruelty, neglect, or abandonment. I hereby authorize the Regional Center for Animal Care and Protection to contact any and all references on this application for the purposes of verifying the validity of statements made on this application.

Signature: _____ Date: _____
(Electronic Signature)

FOR RCACP USE: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Active Volunteer Staff Notes:
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IF FILLING OUT ONLINE: PLEASE EMAIL TO MAIL@RCACP.ORG OR FAX TO 540-344-4906