

## Supplemental Questionnaire for Foster Care Applicants Only

Do you own or rent?      Rent       Own       Length of time at current residence: \_\_\_\_\_

If you rent, do you have written permission from your landlord to have a dog/cat? Yes  No

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the box that best describes the type of residence you live in:  
 Duplex  | Apartment  | Townhouse  | Single House  | Mobile Home  | Other  \_\_\_\_\_

Yard size: \_\_\_\_\_ Is it fenced? Yes  No  Fence Height: \_\_\_\_\_

How will your foster dog/cat spend its days? (Check all that apply)

Porch  | Garage  | Basement  | Crated Indoors  | Loose Indoors  | Outdoor Kennel   
 Dog House  | Tied Outside  | Loose unfenced  | Fenced Yard  | Other  \_\_\_\_\_

How will your foster dog/cat spend its nights? (Check all that apply)

Porch  | Garage  | Basement  | Crated Indoors  | Loose Indoors  | Outdoor Kennel   
 Dog House  | Tied Outside  | Loose unfenced  | Fenced Yard  | Other  \_\_\_\_\_

Are you planning to move within the next six months? Yes  No

If yes, please explain:

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Do any of your pets have physical or behavioral problems? Yes  No

If yes, please describe:

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Do all your pets get along with other cats/dogs? Yes  No

Are all your pets current on their vaccinations? Yes  No

Does any member of your household have allergies to animals? Yes  No

Number of adults living in your home: \_\_\_\_\_

Number of children living in your home: \_\_\_\_\_ Children's ages: \_\_\_\_\_

Children's previous experience with cats/dogs:

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Please list three personal references, one of which **MUST** be your veterinarian:

Name:	
Phone (home):	Phone (work):
Relationship to you:	Number of years acquainted:

Name:	
Phone (home):	Phone (work):
Relationship to you:	Number of years acquainted:

Name:	
Phone (home):	Phone (work):
Relationship to you:	Number of years acquainted:

*Thank you for your interest in becoming a Friends for Life Foster Care Volunteer!*