

Supplemental Questionnaire for Foster Care Applicants Only
 Only complete this page if you are applying to be a foster volunteer.

Name: _____
 Phone: () _____ Alternate Phone: () _____
 Email: _____

Do you own or rent? Rent <input type="checkbox"/> Own <input type="checkbox"/> Length of time at current residence: _____ If you rent, do you have written permission from your landlord to have a dog or cat? Yes <input type="checkbox"/> No <input type="checkbox"/> Landlord's Name: _____ Phone: () _____ Please check the box that best describes the type of residence you live in: Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Single House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> _____ Yard size: _____ Is it fenced? Yes <input type="checkbox"/> No <input type="checkbox"/> Fence height: _____
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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 _____

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Are you planning to move within the next six months? Yes No
 If yes, please explain: _____

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: _____

Please list three personal references (please include your regular veterinarian):

Name: _____	
Home Phone: () _____	Work Phone: () _____
Relationship to you: _____	Number of years acquainted: _____

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*Thank you for your interest in becoming a Sequoia Humane Society
 Foster Care Volunteer!*

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