SPAY NEUTER ACTION PROJECT

Post Office Box 1373, La Jolla, CA 92038
619-525-3047

To be completed by SNAP representative
Animal's Name_____
Microchip # _____
Breed/Color_____
Age_____ Sex_____
_____
_____

FOSTER APPLICATION

PLEASE PRINT CLEARLY

Name:_____

Date:_____

Spouse/Roommate:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: (Home)_____ (Work)_____ (Cell)_____

E-mail:_____

Occupation:_____ Spouse / Roommate Occupation:_____

Employer:_____ Employer:_____

PERSONAL REFERENCES (Please do not include family)

Name:	Name:
Phone: Relationship:	Phone: Relationship:

1. Do you live in a: House ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Military Housing ☐
   Other ☐ (please specify)_____
2. How long have you lived there?_____
3. If less than 2 years, please give previous address_____
4. Do you rent? Yes ☐ No ☐ If "Yes", do you have your landlord's permission to have pets? Yes ☐ No ☐
5. May we contact your landlord? Yes ☐ No ☐
6. Landlord's Name:_____ Phone:_____
7. Do you have a swimming pool? Yes ☐ No ☐ Do you have a fenced yard? Yes ☐ No ☐
   If you have a fenced yard: What is the fencing material?_____ how high?_____
8. Do you have screens on all your windows? Yes ☐ No ☐ Do you have a balcony? Yes ☐ No ☐
9. Would you object to an inspection of your premises by a rescue representative? Yes ☐ No ☐
10. List the names & ages of all children living at home:_____
11. Is there anyone in your household allergic to animals? Yes ☐ No

If "Yes" are they on medication that can control the allergies? Yes ☐ No

12. Name of your veterinarian:_____Phone:_____

13. Do you currently own any animals? # of Dogs_____ # of Cats _____

14. Have they all been spayed or neutered? Yes ☐ No ☐ Date of last vaccination(s)_____

15. Have you owned a cat or dog before? Yes ☐ No ☐ If "Yes", what happened to them? (If deceased, please state cause of death and how long ago): _____

16. Will this animal be kept mostly: Indoors ☐ Outdoors ☐ Both ☐

17. How soon after the pet arrives home will it be left alone?_____ How many hours per day will this pet be left alone? _____

18. Where will your companion be kept during this time and what type of indoor / outdoor shelter is available:

_____

19. Where will the fosrer pet sleep? (Please be specific): _____

20. Who will be responsible for feeding, grooming, and training the foster pet?_____

21. Dogs left alone frequently dig, chew & bark. How do you plan to deal with these potential problems?

_____

22. Cats are known to claw furniture, carpet, drapes, etc. How do you plan to deal with these potential problems?

_____

23. If you are adopting a cat, where will you keep the litter box? _____

24. You must put an I.D. tag on the foster pet. Can you provide one with your phone number? ☐ Yes ☐ No

25. How often do you travel? _____

26. Under what circumstances would you not keep this pet?: _____

27. How did you learn about SNAP? Union Tribune ☐ Petfinder ☐ Petco ☐
PetSmart ☐ PNC ☐ Radio ☐ Website ☐ Adoption Event ☐ Other (Please specify):_____

☐

I UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE SELECTED TO FOSTER AN ANIMAL FOR SNAP.

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE FOSTER PROGRAM.

Signature:_____ Date:_____

Adoption approved by: _____Date: _____