



Division of Humane Services  
4850 Mid Rivers Mall Drive  
St. Peters, MO 63376  
Phone: (636) 949-7387

# Foster Care Profile

## I AM INTERESTED IN PROVIDING FOSTER CARE FOR WELLNESS FOSTER OR ADOPTION AMBASSADOR

(Please check all that apply):

WELLNESS FOSTER   
ADOPTION AMBASSADOR/WHISKER OUTREACH

MEDICAL FOSTER   
TEAM SMALL TAILS (bottle fed)

Dogs:  Neonate Puppies without Mother  Small Litter  Large Litter  Mother with Litter  Adult Dog

Cats:  Neonate Kittens without Mother  Small Litter  Large Litter  Mother with Litter  Adult Cat

### PERSONAL INFORMATION: (please print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's license No. \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_

### SCHEDULING INFORMATION:

Which day would you prefer to conduct foster rechecks?  
Monday  Tuesday  Wednesday   
Thursday  Friday  Saturday   
What time is best? \_\_\_\_\_

### HOUSEHOLD INFORMATION:

Living Accommodations:  Rent  Own Home  Other \_\_\_\_\_  
Landlord/Apt. Manager's Name/Phone #: \_\_\_\_\_

Does your lease allow pets?  Yes  No

Describe the area where your foster animal(s) will be kept:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced-in yard?  Yes  No

### ANIMAL CARE INFORMATION:

Do you have pets of your own at this time?  Yes  No

Species Breed Sex Age Altered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address of your present Veterinarian: \_\_\_\_\_

Have you had pets before?  Yes  No

How did you learn about our Foster Care Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT:

**(Please list someone outside of your household)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I understand that this is an application, and it does not ensure my participation as a Pet Foster/Adoption Ambassador.*

Signature of applicant \_\_\_\_\_

Date applied \_\_\_\_/\_\_\_\_/\_\_\_\_