

Hope For Cleo Foster Application

Please fill out all fields completely and to the best of your ability. This form is fillable and is best filled out on your computer. If you are filling this out in your web browser, please make sure to save it by going to print and selecting "save as PDF." Then email this form to AJ@HopeForCleo.com

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State

Zip Code Country

Phone Number

Email

example@example.com

Birthday

Month Day Year

What is your occupation?

Are you employed? If so, what kind of employment?

Full-time

Part-time

Contractor/gig worker

Homemaker

Student

Unemployed

What is the name of your employer?

What are your housing arrangements?

Rent

Own

Other (explain below)

If you selected other, please explain

Type of residence you live in

Single-family home

Townhouse

Apartment

Condo

Other

If you selected other, please explain

Why do you want to foster?
Are you applying to foster a specific pet?
Who will be the primary caregiver of the pet?
Have you ever had a pet before?
YES NO
Please List All The Pets You Already Own, ages, if they are spayed/neutered, and fully vaccinated
How did you hear about us?
Does the age, size, or breed of the dog you are willing to foster matter? YES NO
Are you able and willing to take the foster animal to vet or grooming appointments when needed? YES NO

Do you drive?
YES
NO
If there is an emergency, are you able to handle the care of the animal?
YES
NO
If you own a pool, is it behind a fence or otherwise inaccessible for an animal?
YES
NO
Can you train if necessary?
YES
NO
Please describe the kind of fance you have if you have a fance
Please describe the kind of fence you have, if you have a fence
What kind of locks do you use on your gates?
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What kind of locks do you use on your gates? How many hours a day will the animal be left alone?
How many hours a day will the animal be left alone?
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If yes, tell us about it.	
Signature	Date
	Month Day Year