Jackson County Animal Shelter

3370 Spring Arbor Rd · Jackson, Michigan 49203
Email: Foster@mijackson.org FAX (517) 780-4750

Foster Application

- The purpose of the Foster Application and registration process is to determine the qualifications and suitability of individuals who wish or desire to become registered foster parents with the Jackson County Animal Shelter.
- Please complete this application with care because the information you provide, under the guidelines of the JCAS Foster Program, will help us determine whether you are eligible to register as a foster parent.
- Incomplete applications will not be reviewed.
- Applications submitted with false information will be disqualified.

Applicant Information

PLEASE PRINT CLEARLY

Application Date: _____ Phone Number: (_____) _____

First Name: _____Last Name:_____ DOB: _____/_____/_____

Address:_____City:_____Zipcode:_____

Email Address: _____

ID/Driver's License Number _____ State _____

Emergency Contact: _____ Phone: (_____) _____

Relationship: _____

Have you ever fostered an animal before? If so, describe that experience. _____

_____

Why are you interested in becoming a foster parent with the Jackson County Animal Shelter?

_____

_____

How often would you like to foster?_____

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Housing

What type of housing do you live in? Please circle:

HOUSE APARTMENT DUPLEX TOWNHOUSE/CONDO MOBILE HOME

Is the residence: OWNED RENTED

Landlord's Name: _____ Phone: _____

Do you plan on moving within the next year ? YES NO UNSURE

If yes, what is the estimated month/year that you plan on moving? _____

List the names and ages of all children living in your household: _____

_____

Do all members of your household agree to foster? YES NO

Family Pets

How many pets do you currently own?

CATS:_____ DOGS:_____ OTHER:_____ NONE: _____

Please list your pets below:

SPECIES	BREED	AGE	ALTERED Y/N	HOUSED INDOOR/OUTDOOR

Do any of your pets have medical/behavior problems? (Explain)_____

_____

If you own an unaltered pet, what is the reason for not having your pet sterilized? _____

_____

_____

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Foster Preferences

Please select the types of animals you would be interested in fostering. Circle all that apply:

DOG PUPPY CAT KITTEN EXOTIC LIVESTOCK OTHER

Are you willing to bottle-feed if necessary? YES / NO

Are you willing to administer medication if necessary? YES / NO

Do you have a separate room/area that your foster animal can be kept if necessary? YES / NO

Would your foster animal be kept indoors, outdoors, or both? Briefly explain.

_____

_____

For dogs, do you have a fenced yard? Describe the outside area your dog would be using:_____

_____

Employment

Do you work ? YES / NO

Employer Name _____ Employer Phone : (_____)_____

Describe what your household's daily schedule is like: _____

_____

How many hours a day would the foster animal(s) be left alone ? _____

Signature

What questions do you have for the JCAS staff about our foster process? _____

_____

By signing this application, I am acknowledging that all of the answers on this document are true. I am also acknowledging that I understand my right to foster with JCAS can be terminated at any time if I fail to follow the guidelines and protocols for fostering with the Jackson County Animal Shelter.

Applicant Signature _____ Date_____

Please return completed application to JCAS or email to Foster@mijackson.org