



Jackson County Animal Shelter

3370 Spring Arbor Rd. Jackson MI 49203

517-788-4464



- 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.

PLEASE PRINT CLEARLY

Date: _____ Birthdate: _____

Applicant's First & Last Name: _____

Physical Address: _____ City: _____ Zip: _____

Work Number _____ Home _____ Cell _____

Email Address: _____

Driver's License Number: _____ State: _____

Why do you want to become a registered foster parent with JCAS?

How often would you like to foster?

When will you be able to begin fostering?

Please circle your type of dwelling?

HOUSE APARTMENT DUPLEX TOWNHOME MOBILE HOME

Is the residence: OWNED RENTED

Landlord's Name: _____ Phone: _____

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

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

May we visit your home for pre-inspection or during foster care? YES NO



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How many pets do you currently own?

CATS _____ DOGS _____ OTHER _____ NONE _____

SPECIES	BREED	AGE	ALTERED Y/N	HOUSED INDOOR/OUTDOOR

Do any of your animals have medical/behavior problems? (explain)

Have you ever surrendered an animal to any shelter or rescue? What was your reason?

Please list your vet: _____ Phone Number: _____

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

List the number and ages of children living in your household. _____

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

Will all members participate in the care of the animal? YES NO



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

DOG

PUPPY

CAT

KITTEN

LIVESTOCK

Are you willing to bottlefeed if needed?

YES

NO

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

For dogs, describe the outside area your dog will be using.

What time of day with the dog be outdoors? _____

What type of schedule do you keep? _____

How many hours with the animal be left alone? _____

Do you have further questions for the staff about the foster process at JCAS?

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 print your name clearly

Please return completed document to JCAS or email to mdaly@mijackson.org.