**Aurora Animal Shelter**

**15750 E. 32nd Ave, Aurora, CO 80011**

**303.326.8280 www.AuroraAnimalShelter.org**

**Foster Parent Application**

Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best method of contact:  Email  Phone Are you at least 18 years of age? Yes No

Type of residence:  Apartment  House Ownership status:  Rent  Own

Rental owner’s information (name, phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in your home: \_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animals that reside in your home (enter #’s):  \_\_\_\_ Dogs  \_\_\_\_ Cats  None

What kind(s) of animals are you interested in fostering?: (check all that apply)

 Medical Case Dogs  Fearful Adult Dogs  Fearful Puppies (under 1 year of age)

 Nursing Dog with Puppies  Puppies Under 8 Weeks of Age

 Neo-Natal Kittens (bottle babies)  Nursing Cats with Kittens  Kittens under 8 Weeks of Age

 Medical Case Cats  Feral Kittens Needing Socialization  Fearful Adult Cats

Small Animals (bunnies, mice, guinea pigs, etc.)



What is your background with pet fostering and/or general experience with animals?:

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What areas do you have to isolate foster animals in your home?:

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How much notice do you need before being available to take a foster pet?:

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