



Hayward Animal Services Bureau

Foster Home Application

Name: _____ Date: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____
Driver's License: _____ Expires: _____ Date of Birth: _____
Employer: _____ Position: _____
Address: _____ Work days/hours: _____

Do you reside in a: House Condo Apartment Do you: Rent Own Live with Parents
If renting, Landlord's name: _____ Landlord Phone: _____
Do you have a fenced backyard? Yes No If so, type: Wood Chain Block Height: _____
Will someone provide animal care while at work? Yes No If Yes, who? _____
How many hours a day/night will foster animal(s) be left alone? _____
Where will the animal(s) be left during the day? _____
At Night? _____
Number of adults residing at your house: _____ Children: _____ Ages: _____
What type of animals will you foster? _____
Do you provide foster care for another group or agency? _____ If so, who? _____

Please list animals currently owned:

Breed _____	Male	Female	Neutered/Spayed	Age: _____
Breed _____	Male	Female	Neutered/Spayed	Age: _____
Breed _____	Male	Female	Neutered/Spayed	Age: _____
Breed _____	Male	Female	Neutered/Spayed	Age: _____
Breed _____	Male	Female	Neutered/Spayed	Age: _____

Because the Hayward Animal Shelter is a division of the Hayward Police Department, we conduct background checks (DMV and criminal history) on volunteer applicants.

Please sign below to acknowledge your understanding of this condition.

Signature: _____