

GCAS FOSTER PROGRAM APPLICATION

(If previous application is on file, this can be skipped)

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

PHONE: _____ **EMAIL:** _____

HOW MANY PEOPLE IN HOUSEHOLD:

ADULTS _____ **CHILDREN** _____ **AGES** _____

RENT / OWN (PLEASE CIRCLE)

LANDLORD INFORMATION

NAME _____

PHONE _____

PETS OWNED

DOGS _____ **CATS** _____
(HOW MANY) **(HOW MANY)**

OTHER _____
(PLEASE LIST ALL)

CURRENT ON VACCINATIONS: YES / NO

VETERINARIAN

NAME _____

PHONE _____

DO YOU HAVE SEPARATE AREA TO HOUSE SICK ANIMALS? YES / NO

WHERE _____

WHAT ANIMALS CAN YOU FOSTER: (PLEASE CHECK ALL)

CAT WITH KITTENS _____

CAT _____

KITTEN _____

DOG WITH PUPPIES _____

DOG _____

PUPPY _____

INJURED _____

ILL _____

UNSOCIALIZED _____

ABUSED _____

WHAT CAN'T YOU FOSTER (PLEASE EXPLAIN) _____

****GCAS IS IN NO WAY LIABLE OR RESPONSIBLE FOR ANY DAMAGE, ACCIDENT, OR INJURY RESULTING FROM THE PLACEMENT OF THE ANIMAL INTO MY HOUSEHOLD. GCAS RESERVES THE RIGHT TO DENY APPLICATIONS FOR ANY REASON****

SIGNATURE _____

DATE _____

APPROVED _____

DATE _____