



# Clovis Police Department Animal Services Division

1233 Fifth Street • Clovis, CA 93612  
559-324-2450



### CONTACT INFORMATION

Date of Application: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ State Issued: \_\_\_\_\_

### YOUR FAMILY PETS

Do you have pets of your own?  Yes  No pets  Dogs  Cats  Other \_\_\_\_\_

Name:	Breed:	Age:	Sex:	Altered?:	Current on Vaccination/License:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### PREFERRED FOSTER TYPE

What types of animals are you interested in fostering? Please mark or circle all that apply.

- |  |  |
|--|--|
| <p><b>CATS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Nursing cat and kittens (4-8 weeks of care)</li> <li><input type="radio"/> Orphaned and/or "bottle baby" kittens (4-8 weeks of care)</li> <li><input type="radio"/> Injured or sick cat (2-6 weeks of care)</li> <li><input type="radio"/> Under socialized cat (2-6 weeks of care)</li> </ul> | <p><b>DOGS</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Nursing dog and puppies (4-8 weeks of care)</li> <li><input type="radio"/> Orphaned and/or "bottle baby" puppies (4-8 weeks of care)</li> <li><input type="radio"/> Injured or sick dog (2-6 weeks of care)</li> <li><input type="radio"/> Under socialized dog (2-6 weeks of care)</li> </ul> |
|--|--|

1. Are you able to crate/x-pen/isolate foster animals in an indoor space that is separate from resident pets?  Yes  No
2. How many animal(s) are you willing to foster at one time? \_\_\_\_\_ Length of time you are willing to foster? \_\_\_\_\_
3. Do you have prior experience with the type of foster care you are willing to provide?  Yes  No
4. Are you able to keep foster animal(s) separate from your personal animals?  Yes  No
5. Are you willing to bring foster animal(s) to Clovis Animal Services for health checks and regular vaccinations?  Yes  No
6. Are you willing to administer medications should foster animal(s) require them?  Yes  No
7. Are you willing to be listed as an "emergency" foster home in case an animal comes into our care unexpectedly and needs to be placed in a foster home immediately?  Yes  No
8. Are you willing to work with your foster animal(s) in areas such as obedience, socialization & house training?  Yes  No
9. How did you hear about our Foster Care Program? \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List the name, relationship and telephone number of two trusted people who are not related to you. If possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer or other animal professional.

Name:

Relationship:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No  Work from home  Work outside the home

Number of hours during a typical day that foster animal(s) would be unattended: \_\_\_\_\_

## HOME ENVIRONMENT

Home Ownership Status:  Own  Rent or Lease

Residence Type:  House  Condominium  Apartment  Mobile Home  Dormitory  Other: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

Apartment Complex: \_\_\_\_\_ Extra security deposit required for pets?:  Yes  No

Size of Yard:  Small  Medium  Large Is your yard fully fenced:  Yes  No

## FAMILY MEMBERS

Who do you live with:  Spouse  Parents  Children  Significant Other  Alone  Other

Number of Adults in household: \_\_\_\_\_ Number of Children in household: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Do any family members suffer from pet allergies:  Yes  No If so, allergic to:  Dogs  Cats  Both

## BASIC RULES OF THE FOSTER CARE PROGRAM

- The foster animal(s) is only temporarily in your care and remains the property of the City of Clovis Animal Services Division.
  - The purpose of foster care is to provide special care for the animal(s) and to help make the animal(s) more adoptable.
  - The adoptions of foster animals(s) will be made through the Miss Winkles Pet Adoption Center and are subject to the same guidelines as any other adoption. Foster Care Providers are encouraged to assist in the placement process of their foster animal(s), **but cannot make any decisions regarding the final placement of the animal(s).**
  - All foster cats and kittens will be kept indoors at ALL times.
  - All foster dogs and puppies will be kept in a secure area, preferably a crate or a kennel run. Dogs and puppies will only be allowed off leash outside in the secure fenced area of your property.
  - Chains or other devices to tether animals as a means of confinement will not be used.
  - Training collars should only be used when training a dog on a leash – they should not be left on the dog while unattended.
  - Foster animal(s) should always wear the collar and ID tags supplied by Clovis Animal Services.
- I have read and agree to the Basic Rules of the Foster Care Program listed above***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We appreciate your interest in becoming a Foster Care Provider for the Clovis Animal Services Division!***

**Please mail completed applications to:**

*Clovis Police Department · 1233 Fifth Street · Clovis, CA 93612 · Attn: Courtney Yoxtheimer  
or*

**Please email completed applications to:**

*Clovisanimalservices@clovisca.gov*