



Office of Animal Control
TOWN OF BELCHERTOWN

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FOSTER CARE APPLICATION

Date: _____

Orphaned Kitten(s) _____ Orphaned Puppy(s) _____ Pregnant Cat _____ Pregnant Dog _____
Adult Cat _____ Adult Dog _____ Military Cat(s) _____ Military Dog(s) _____

Foster Parent's Name (must be 18yrs or older): _____
Complete Address: _____
Home Phone: _____ Work Phone: _____
Employer's Name, Company Name and address: _____

1) Are you a part of any animal organization? Yes [] No []

If Yes, which one: _____

2) Why would you like to foster?: _____

3) Do you live in a: Condo/Townhouse [] Apt. [] Duplex [] Mobile Home [] House []

4) Do you: Rent/Lease [] Own []

If you rent, is your lease: yearly [] monthly []

Name of complex and/or Association: _____

Name and phone # of landlord or owner: _____

Pet Policy at residence: _____

Length of time at this address: _____

If under 1 year, previous address: _____

5) Number of adults at this residence: _____
Number of children at this residence and age(s): _____

6) Would there be anyone at home during the day? Yes [] No []
If yes, name/relation to foster: _____

7) Do you have any dogs and or cats at home now? Yes [] No []
1. Age ___ Name/Breed _____ Sex ___ Licensed Yes [] No []
2. Age ___ Name/Breed _____ Sex ___ Licensed Yes [] No []
3. Age ___ Name/Breed _____ Sex ___ Licensed Yes [] No []

Name of Vet and date/reason for last visit: _____

8) Have you had other pets in the past 5 years? Yes [] No []
If yes, list type and how long in your home _____

9) What animal hospital/clinic do you, or did you use: _____

10) Where will the foster animal(s) be when no one is home? Indoors [] Outdoors []
If outdoors, where: _____

11) Where will the foster animal(s) sleep? Indoors [] Outdoors [] _____

I, _____, agree that all of the information, which I have given above, is correct as written and I authorize the Belchertown, MA Animal Control Department to verify any information.

Date: _____ Foster Volunteer Signature _____