



Animal Compassion Network

PO Box 1704
Skyland, NC 28776
(828) 258-4820

Emergency Foster Application

Animal Compassion Network (ACN) is a 501(c)3 non-profit organization dedicated to the welfare of animals. When we chose to commit ourselves to the plight of animals, we set specific goals such as animal rescue, education, spaying and neutering and an ACN Foster Animal Network to temporarily care for animals that need a permanent home. Your decision to open your home and heart as an emergency foster home for an animal in need is deeply appreciated. Please take a few moments to complete this application so we can make the most suitable match between you and your foster animal.

Name _____ Home Phone(____) _____ Cell Phone(____) _____

Email: _____ Married ___ Single ___ Name of Spouse _____

Is Spouse agreeable to foster care? _____ Mailing Address _____

Street Address (if different) _____

Type of Residence: House ___ Condo ___ Rental Apt ___ Name of Condo or Apt. Complex _____

Do you own _____ Rent _____

Name of Your Employer _____ Phone(____) _____ Can we call you at work? _____

of Adults in Your Residence _____ # of Children & Ages _____

Please list other pets in your home, gender & their ages _____

PLEASE TELL US ABOUT THE TYPE ANIMAL YOU WOULD LIKE TO FOSTER

I can foster: Puppy _____ Adult Dog _____ Kitten _____ Cat _____ Other _____

I have experience with and am especially interested in fostering (list type of breed) _____

I can foster more than one animal at a time: Yes _____ No _____ If Yes, How many? _____

I need ACN to provide food for my foster animal: Yes _____ No _____

Do you have a fenced yard for dogs: Yes _____ No _____ If no, where will animal stay when you are not at home?

What do you anticipate as the longest time your foster animal might be left alone at your residence _____

Are you willing to take an animal with special diet, health, or behavior needs: Yes _____ No _____

Can you pick up a foster animal or will it have to be transported to your residence? _____

I affirm that all statements on this application to become an emergency foster home are true to the best of my knowledge.

Date _____ Signature _____

Driver's License# _____ State _____ Foster Home Coordinator: _____