



For Office Use Only

Approved: _____

Denied: _____

Clerk Initials: _____

We Are Columbia

Foster Care Profile

(please print clearly)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you been at this address? _____

Phone #s: Cell: _____ Home: _____

Work: _____

Email Address: _____

Have you fostered before? ____ No ____ Yes

If yes, for which organization? _____

What types of animals did you foster?

What was the outcome? _____

What types of animals are you interested in fostering? (Please check all that apply)

	No!	Possibly...	Definitely!
Dogs / Puppies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats / Kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Momma cat with kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Momma dog with pups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphaned / (needing to be Bottle fed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick (URI, skin issues, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under socialized (lots of TLC needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific Animal Only: (ID#) _____

What length of time can you commit to fostering (weeks, months, etc.):

Your home: ___ Own ___ Rent ___ Other (please explain): _____

If you do not own your home, are you allowed to have animals where you live?

___ Yes ___ No ___ Don't know

Are you planning on moving in the next 2-3 months? ___ Yes ___ No

Are you employed? ___ Yes (If yes, ___ Full time ___ Part time) ___ No

How much time will you devote to your foster animal's care and socialization each day? _____

Are you able to return to CAS at least every 2-3 weeks for scheduled vaccines and exams? ___ Yes ___ No

Columbia Animal Services

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