Foster Application, Anne Arundel County Animal Care & Control

We will nee		to ID. If your current address is n ility Bill, Lease, Property Records PLEASE PRINT	s or Veril	fication fror	-		ddress.	
Name [.]								
	(First)	(Middle)			(Last)			
Current Address	:							
	(Street)					(Apartm	ent)	
	City:	County:		St	ate:	Zip		
Type of Home:	Apartment/Condo	Duplex	Tow	Townhouse Single Family		Boat		
Phone: Home:		Cell:		Work:				
Email Address: _								
Current Living Situation (circle one):		Own	Rent	Rent Live with Fam		Family		
Property Owner's Name, if not person listed above:			Phone Number:					
How many peop	le live in the househol	d? Ages?						
Please list all cats and dogs currently living on the property (even if you are not the owner, excluding apartment complexes):								
Name of Anim	al Breed	Color	Sex	Altered ?	Age	Rabies Vaccination A By Facility N		
What type of animal are you willing to foster? Dogs () Puppies () Cats () Kittens() Critters() Other () Please read and initial next to each statement to acknowledge you understand and agree: I understand that by completing the foster application I am not guaranteed to be an approved foster for Anne Arundel County Animal Care & Control.								
I understand that if I am approved to foster I will have additional forms to sign								
I affirm, under penalty of perjury, that I have never been convicted of animal cruelty or neglect.								
	ve information is true a from this facility:	nd correct and understand that	false or	incomplete	informa	ntion may result in the	denying of	
Signature:				Date:				
+++++++++++++++++++++++++CLERICAL ONLY++++++++++++++++++++++++++++++++++++								
STAFF INITIALS: Maryland Property Check: Yes No Leasing Office/Property Owner: Approved Not Approved All Animals Currently Licensed: Yes No N/A Proof of Current Address: Gov't ID Current Utility Bill Tax Records Lease Deed								
OK to FOSTER: YES NO								

60	mm	ents:	
0.01		ems.	