



ANIMAL ADOPTION LEAGUE
P.O. Box 2453 • Rock Hill, SC 29732
(803) 325-8282

*Thank you for your interest in joining the Animal Adoption League as a foster parent.
We hope this will be a wonderful and rewarding experience for you.*

Contact Info:

Name: _____
Email Address (name@domain.com) : _____
Address: _____
City, State, Zip: _____
Home Phone (incl. area code): _____ Work Phone (incl. area code): _____
Employer: _____

Home Information:

Do you live in (check one): House Apartment/Condo Duplex
How long have you lived there? _____
Do you own or rent your home? (check one) Own Rent
If you rent, have you paid a pet deposit (check one): Yes No
Landlord's Name & Phone Number: _____

Adults in the home: # Children in the home:
Children's ages: _____

Do you or anyone in your household or immediate family have allergies or asthma?
 Yes No Don't Know

Do you currently have pets? Yes No
If yes, types & ages: _____
List other pets you have had in the past 5 years:

Are your pets:

- Spayed/neutered? Yes No
- Treated regularly for fleas? Yes No
- Declawed? Yes No
- Current on all vaccines? Yes No
- Tested for Leukemia? Yes No
- (check one) Indoor Only Outdoor Only Indoor & Outdoor

Your Veterinarian's Name: _____

Vet. Hospital: _____

Foster Information:

Do all your household members agree to your fostering animals? Yes No

Do you have transportation? Yes No

Willing to bring animals to adoption events? Yes No

Able to work adoptions? Yes No

What other animal organizations you have worked with?

Why do you want to foster animals?

What experience do you have fostering animals?

What type & ages of animals you would like to foster?

What special talents, skills & experiences can you contribute to AAL?
