Please mail to: Animal Shelter Inc. – 17 Laurelwood Road – Sterling, MA 01564 or fax 978 422 8574 or email staff@sterlingshelter.org or call at 978-422-8585

Your Name:	D.O.B	Your Occupation:	
Address:			
City/State/Zip:	5 1		
Email:	Phone	#:	
Emergency Contact Name & #:	USE ING	.ed-	
Cell Phone:		43 1	
Please check all that interest you:			
Fostering a single kitten Fostering a litter of kittens tha	t need to be bottle-fed		
Fostering a mother cat with ki			
Fostering weaned kittens (not Fostering a dog/puppy that ne			
	eds special medical attention/care		
Fostering a cat that needs so			
Fostering a cat that needs spe	9		
Fostering a litter of puppies (v		-	
with special needs based on foster homes	s available. We do not have facilities y require your care for 7 weeks and a	eing to foster pets. The shelter can only accept to house/care for these pets on the premises – the all animals need to see our vet every 2 weeks.	
How many pets do you have at home? Wh	nat are the <mark>y?</mark>		
Are your pets current on all vaccinations?	17.00		
Where do your pets spend the majority of	their time?	- 20	
Do you have an area or room <i>in your hous</i>	se that you can isolate fosters in?	0 0	
Do you rent or own your current dwelling?	Start 1	1/51.	
How many children live with you? What ar	re their ages?	101	
Have the children handled animals before	?		
give permission to Animal Shelter Inc. necessarily guarantee acceptance into	, ,	ven. Completion of this application does not	
Applicant Signature :		Date	

