



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
Bottle Baby Foster Parent Volunteer

(Office use only)
P # _____
B-Check Y N
ID CDL PASSP
Email Y N
Center _____

"We create happiness by bringing pets and people together"

Date _____

CONTACT INFORMATION:

Last Name First Name Middle Name

Address City State Zip Code

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(circle) Home Work Cell Pager (circle) Home Work Cell Pager (circle) Home Work Cell Pager

E-Mail Address (Required field)

Do you? Own Rent/Lease Residence Type: House Condo Apartment Mobile Home

If you live in an apartment or other leased residence, you hereby represent that your lease in no way prohibits your ability to foster animals in your home:

(Signature)

HOME INFORMATION:

Do all household members agree to your fostering animals? YES NO

Do you have any pets of your own? YES NO

If you have cat (s) has it tested negative for Feline Leukemia and FIV? YES NO

List all animals that reside in your home:

Name Breed Age Sex Altered Current on all vax?

- 1.
2.
3.
4.
5.
6.

