



EVERGREEN ANIMAL PROTECTIVE LEAGUE
P.O. BOX 2517 Evergreen CO 80437
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Foster Home Inspection Document rev. 8/2017

Foster's Name _____

Address _____

City _____ Zip Code _____

Cell # _____ Work # _____ Home# _____

Date of Inspection on the _____ day of _____, 20_____. An inspection is required to be done each year.

EAPL Pets fostered at time of inspection (names): _____

Foster's personal pets in the home: Number of Dogs: _____ Number of Cats: _____

Is home/pets area clean _____ Is yard/walking area clean/safe _____

Are the pets healthy _____ Do they appear happy _____

Do you see any open wounds/soreness/problems _____

Are they fearful _____ Did the pet come out to meet you _____

Does the foster home need any supplies from EAPL _____

Does EAPL pets require any vet care that has not been asked for _____

Do they foster for any other non-profit _____ If yes who _____ # of pets _____

Recommendations if any:

Comments:

Foster Person(s) Signature _____ Date _____

EAPL Inspection Volunteer _____ Date _____