

**WCVM RADIATION ONCOLOGY
FOSTER PROFILE**

Name:

Date:

Current address:

Phone Number(s):

Email Address:

STAFF STUDENT (Graduation Year _____) OTHER (Please circle)

Do you have any pets? YES NO (Please circle)

If YES, are they well socialized with other animals?

Animal Preference: DOG CAT EXOTICS (Please circle)

Animal Size Preference: SMALL MEDIUM LARGE (Please circle)

Do you have a fenced in backyard? YES NO (Please circle)

What kind of flooring do you have? (Please circle)

CARPET HARDWOOD LINO OTHER(specify:_____)

Are there any stairs? YES NO (Please circle)

If YES, how many?

Are they carpeted?

Available Dates:

Unavailable Dates: