

FOSTER APPLICATION

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Cell Phone _____ E-mail _____

Birth Date _____

Employer (to use as reference) _____ Employer's Phone _____

Drivers Licence #: _____ Drivers Licence State: _____

Have you ever adopted from us before? Yes No If yes, who and when? _____

Is he/she still with you? Yes No If no, explain: _____

Type of animal interested in fostering (check all that apply): Puppy Adult Senior Small Medium Large

How many animals can you foster at a time? _____ Have you ever volunteered for an animal rescue organization? Yes No

If yes, who and when? _____

Own or rent? Own Rent Landlord's Name (if applicable) _____ Landlord's Telephone _____

of adults in the home where foster(s) will be? _____ # of children? _____ Children's Ages _____

Do you have a back yard? Yes No If yes, is it fenced on all sides? Yes No

Will someone be home during the day with your foster(s)? Yes No If yes, who? _____

Who will be the primary caregiver and have responsibility for your foster(s)? _____

How many hours a day will your foster(s) be without human companionship? _____

What sort of training are you willing to provide for your foster(s)? (crate training, housebreaking, basic commands, obedience, etc.)

How do you plan on exercising your foster(s)? _____

Where will your foster(s) be kept during the day? _____

Can you take your foster(s) to vet appointments? Yes No Can you give your foster(s) medications, baths, etc. if needed? Yes No

Are you willing to bring your foster(s) to any of our weekly Adoption Events at PetSmart or Petco (see the Events Page on our website for details)? Yes No

Are you willing to have potential adopters (after being screened by the Rescue) come to your home at a mutually convenient, scheduled appointment time to meet your foster(s)? Yes No

Can you keep your foster(s) until a permanent home is found or until a suitable space is available at another foster home? Yes No

Do you currently have pets living in the home? Yes No

Sex/Type/Breed (i.e. F/Dog/Lab Mix)	Age of Pet	Spayed/Neutered	Current on vaccinations/heartworm prevention?
_____	_____	Yes No	Yes No
_____	_____	Yes No	Yes No
_____	_____	Yes No	Yes No
_____	_____	Yes No	Yes No

Please give three references (two non family members) and a veterinarian:

Name _____ Telephone _____

Name _____ Telephone _____

Veterinarian's Name _____ Veterinarian's Phone _____

Comments _____

