**FOSTER HOME APPLICATION**

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| **Applicant Information** |
| Name: DOB: | Driver’s License#: |
| Street Address/Apt #: |
| City/ State/Zip: | Years at this address: |
| Home Phone: | Cell Phone: |
| Employer/Position: |
| Email: *(please write legibly)* |
| **Questionnaire** |
| Does anyone in your household suffer from allergies (pet or otherwise)? |
| Is everyone in your household aware of and agreed upon fostering a pet? |
| Who will care for your fosters while you are traveling? |
| For how many hours per day will your fosters be left alone? |
| What will you do with the pet when you’re at work or traveling? |
| Do you own or rent your home? |
| If you rent, do you have your landlord’s written permission to keep a pet(s)(s) in your residence? How many?Please give name and phone number of landlord. |
| What is the activity level in your home? Low, Medium, High |
| How many adults live in your household? |
| How many children? What are their ages? |
| Who will be responsible for feeding the foster pet? |
| Current number of pet(s) in the household? |
| **Experience** |
| Have you ever fostered animals for any shelter or humane group? If yes, what did you foster and from whom? |
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| If no, why would you like to foster now? |
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| What specific skills or training do you have that would apply to fostering a pet?  |
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| **Feeding, Medicating and Housing** |
| Do you have a separate room or space where you would keep a foster pet? Y N |
| Do you plan to kennel the pet? Y N |
| Do you have extra pet supplies, i.e. bedding, litter boxes, etc.? Y N |
| What supplies would you need? |
| Are you able to incur the expense of decent quality canned and dry food, and/or litter for foster pet? Y N |
| Are you able to incur the expense of puppy or kitten dry and canned food? Y N |
| Are you willing to administer medications or treatments? Y N |
| Are you willing to take the feline(s) to a specified veterinarian, and to Spay/Neuter services, when needed? Y N |
| **Foster Interest** |
| What are you interested in fostering? Circle all that apply. |
| * Bottle baby kittens
* Weaned kittens/puppies 4-5 weeks old
* Mom with kittens/puppies
* Pregnant mom
* Kittens/puppies 5 months to a year
 | * Adults
* Special Needs – Medical
* Special needs – timid/needs socialization
* Other (please specify):
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| Are you able to get your foster pet to special adoption and fundraising events? |
| **Prior/Current Animal History** |
| Please list the animals that have shared your home in the last five years |
| Name | Breed | Sex/Age | In/Outdoor | Declawed | Still Own | If not, why? |
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| Veterinary contact for animals listed above: Name/Phone: |
| Do we have your permission to contact your vet for a reference?  |
| Have you ever surrendered an animal to a shelter or rescue group? If so, why? |
| **References** |
| Please provide the name, relationship, email and phone number for at least 2 references, not including relatives. |
| 1. |
| 2. |
| 3. |
| **Disclosure** |
| Have you ever been cited or convicted of a crime relating to animal cruelty, or do you have a charge pending? If yes, you will not be able to foster for this organization. |

**NOTE**

Advocates for Abused and Abandoned Pets is a non-profit organization serving multiple counties with in-home foster pets. When you foster, you must keep your foster pet safe, healthy and socialized. You may be asked to drive your fosters adoption events, a spay/neuter clinic, or in the event of illness or medical emergency necessitating a trip to the veterinarian. By signing your name below, you are stating that you understand all foster responsibilities and agree to participate in foster training.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_