**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): | | | | |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_