

P.A.W.S. Foster Care Application

Contact Information:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip code: _____ Home/Cell Phone: _____

Work Phone: _____ Email: _____

Housing:

Do you own or rent/lease? _____ How long have you lived at this address? _____

What type of residence do you live in (i.e. house, apartment, condo, dorm)? _____

Landlord Name: _____ Landlord Phone: _____

Is your yard fenced in? (Y) or (N)

If no, what steps will you take to ensure the foster animal is kept safe and contained while outside? _____

Schedule & Household Information:

How many hours do you typically spend away from home on an average day? _____

Are you employed? (Y) or (N) Part-Time or Full-Time? _____

Do you work inside or outside the home? _____ Do you have children? (Y) or (N)

How many children under the age of 18 live in your household? _____

How many adults over the age of 18 live in your household? _____

Please list the names of any other household members who will be assisting in the care of the foster animal _____

Household Pets:

Do you have pets of your own? If so, please list the following information about them:

| | <i>Name</i> | <i>Breed</i> | <i>Age</i> | <i>Sex</i> | <i>Altered?</i> | <i>Current on Vacc./License?</i> |
|----|-------------|--------------|------------|------------|-----------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ | _____ |

Preferences:

What type of animals are you interested in fostering?

Cats

Nursing cats (4-8 weeks of care)? (Y) or (N)

Orphaned kittens (1-8 weeks of care)? (Y) or (N)

Injured and/or sick cats (2-6 weeks of care)? (Y) or (N)

Under-socialized cats (2-6 weeks of care)? (Y) or (N)

Dogs

Nursing dogs (4-8 weeks of care)? (Y) or (N)

Orphaned puppies (1-8 weeks of care)? (Y) or (N)

Injured and/or sick dogs (2-6 weeks of care)? (Y) or (N)

Under-socialized dogs (2-6 weeks of care)? (Y) or (N)

How many animals are you able to foster at one time? _____

How often would you like to foster? _____

Do you have any previous experience fostering? (Y) or (N)

Do you have an area where your foster animal can be isolated for health reasons? (Y) or (N)

Are you able to keep the foster animal separate from your own pets? (Y) or (N)

If any of your personal animals become sick due to their interactions with the foster animal, the shelter cannot treat them. Do you understand this? (Y) or (N)

Are you willing to bring foster animals in for check-ups and regular vaccinations? (Y) or (N)

Are you willing to administer medications should the foster animal require them? (Y) or (N)

How did you hear about the P.A.W.S. Foster Program?

I have read over this application, and have answered the questions honestly. I understand that I am expected to attend orientation and read the corresponding foster care manual. Likewise, I agree to uphold the duties and responsibilities of a P.A.W.S. foster parent discussed in this manual and agree to follow the policies and procedures of this foster care program.

Signature: _____ **Date:** _____