



## ANIMALSAVE FOSTER APPLICATION

Fostering is a major responsibility and one that should not be taken lightly. In AnimalSave's ongoing effort to find the best possible foster home and eventually adoptive home for all of its animals, we ask that you take the time to fill out this application and discuss any questions you have with our Pet Adoption Services Manager.

In order to be considered for fostering for AnimalSave, you must:

1. Be an AnimalSave Volunteer
2. Be at least 18 years of age
3. Be able to verify that you can have pets where you live
4. Be able to make at least a 6 month commitment

Please understand that AnimalSave reserves the right to deny fostering any pet for any reason as determined by the Adoption Program.

Interested in: Cat(s)\_\_\_\_\_ Kitten(s)\_\_\_\_\_ Other\_\_\_\_\_

Dog(s)\_\_\_\_\_ Puppy(ies)\_\_\_\_\_

Gender Male\_\_\_\_\_ Female\_\_\_\_\_ Doesn't matter\_\_\_\_\_

Name\_\_\_\_\_ Home\_\_\_\_\_

Phone\_\_\_\_\_

Address\_\_\_\_\_ Work\_\_\_\_\_

Phone\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you lived at this address?\_\_\_\_\_

(Please Circle one) Do you live in a: House Apt. Condo Other

(Please circle one) Do you: Own Rent Lease Other

Landlord's Name\_\_\_\_\_ Phone\_\_\_\_\_

Why do you wish to foster animals for AnimalSave?\_\_\_\_\_

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Current Pets: Please include all pets, including small caged and barnyard animals:

Type of Pet    Age    Sex    Spay/Neutered?    Kept In/Out?    How Long Owned?

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will the AnimalSave animal(s) be isolated? \_\_\_\_\_ Or with others? \_\_\_\_\_

Where will AnimalSave animal stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How many hours of the day will the animal be alone? \_\_\_\_\_

If you have cats, please indicate the date of their last vaccination for the following diseases:

Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

If you have dogs, please indicate the date of their last vaccination for the following diseases:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_

Name and phone number of the veterinarian you currently use \_\_\_\_\_

Do you have transportation to bring this animal to a temporary adoption center on weekends?

\_\_\_\_\_ Yes \_\_\_\_\_ No      To the veterinarian if necessary?      \_\_\_\_\_ Yes      \_\_\_\_\_

No

Do you have a yard?    \_\_\_ Yes    \_\_\_ No    If so, is it    \_\_\_ Open?    \_\_\_ Fully enclosed?

Type of Fence \_\_\_\_\_ Height \_\_\_\_\_ Size \_\_\_\_\_ Dog run? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a pool? \_\_\_\_\_ Yes \_\_\_\_\_ No      Deck Size \_\_\_\_\_      Kennel \_\_\_\_\_ Other \_\_\_\_\_

Number of children living in your home:

Under 6 years \_\_\_\_\_;    Under 13 years \_\_\_\_\_;    Teens \_\_\_\_\_

Are there other adults at home? \_\_\_\_\_

What kind of arrangements are you willing to make if you need to go away for a few days? \_\_\_\_\_

Do you object to an initial visit to your home prior to fostering this animal?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please note any additional information which will assist us in finding the proper foster pet for you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AS AN ANIMALSAVE FOSTER, I AM RESPONSIBLE FOR THE CARE OF THIS ANIMAL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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FOR OFFICE USE ONLY:

Date \_\_\_\_\_

FOLLOW UP CALL:

DATE: \_\_\_\_\_ REMARKS:

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