

FOSTER PARENT APPLICATION

Name _____ Date _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Gated Community? _____ Name _____

Can you share the Community gate code if we need to pick up/deliver foster? _____

Code _____ Driver's License No. _____ State _____

Own _____ Rent _____ House _____ Condo _____ Apt. _____

Landlord Name _____ Phone _____

Does your landlord/HOA/Insurance Co. have any pet limitations? (No. of pets/size/weight/restricted breeds.) _____

If so, please explain _____

Is a pet deposit required? _____ If so, has it been paid? _____

Are you employed? _____ Occupation _____

Full Time _____ Part Time _____ Retired _____ Work from Home _____

Please list all occupants of household (use additional sheet of paper if necessary)

| Name | Age | Animal Experience | Concerns/Issues |
|-------|-------|-------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Will they be helping with foster animal(s)? Yes No

Will they be supervised? Yes No

If yes, by whom? _____

Number of people who often visit household: Adults ____ Teens ____ Children ____

Days/times available for an In-House interview? _____

CURRENT PETS IN HOUSEHOLD

| Name | Breed/Species | Age | Sex | Spayed/Neutered | Vac. Current | Out/Indoor |
|------|---------------|-----|-----|-----------------|--------------|------------|
|------|---------------|-----|-----|-----------------|--------------|------------|

| | | | | | | |
|--|--|--|--|--|--|--|
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| | | | | | | |

Have any canines, either your own or fosters, ever had Parvo? _____

If yes, when?

Are your pets socialized and able to be around other animals? _____

If no, please explain.

List by line number any medical/behavioral issues of the above pets.

Please describe area where the foster animal(s) will be kept and cared for:

How many hours per day will your pets/foster(s) be left unsupervised or without an adult caregiver?

If more than 8 hours, how will animal(s) be able to relieve themselves?

How are they contained when left unsupervised?

Do you have a doggy door? ____ If no, are you willing to install one? ____

Is your yard fenced? ____ What type of fence? _____

How high is fence at lowest point? _____

Is there a gate? ____ Is gate kept locked? ____

Dog run area? ____ Length ____ Height ____ Width ____

If no fencing, how will foster get exercise or relieve itself? _____

Are there any areas where a pet can escape or dig under? _____

If yes, please explain. _____

When can it be repaired?

Do you have a swimming pool? ____ Does it have a pet proof fence? ____

For cats, is there a separate area where they can be kept when first coming into your home? ____

PREFERENCES AND EXPERIENCE

How long can you commit to foster any animal(s)? Circle all that apply.

Emergency Bases (1-3 days) Short Term (up to 2 weeks) Long Term (until adopted)

How many animals would you be able to foster at one time? ____

What types of animals do you prefer to foster? Circle all that apply.

Male/Female Newborns Puppy Dog (full grown)
Small (up to 15 lbs.) Medium (15-35 lbs.) Large (35+ lbs.)

Newborn kittens Weaned kittens Cat

Animals with special needs. Circle all that apply.

Bottle feeding Pregnant Ill/Injured Behavior cases Senior

Hospice Adoptable

Are you willing to transport animal(s) to adoption events, veterinary appointments, or to Living Free when necessary? Yes No

Are you able and willing to attend adoption events and share your experience/information about your foster animal(s)? Yes No

Do you currently volunteer elsewhere or do you have plans to foster for other organizations while you are fostering with Living Free? Yes No

If yes, what organizations? _____

Have you fostered animals before? Yes No

If yes, for what organizations, type of animals and what was your experience?

Have you raised a kitten or a puppy? Yes No

Have you fostered any special needs dogs or cats? Yes No

Briefly describe your experience with fostering these special needs animals.

Do you have experience administering medication to animals? Yes No

If "Yes", please explain.

Are you willing and able to administer medication to your foster animal(s)?

Yes ____ No ____ Maybe ____

How did you hear about our foster program? _____

Why do you want to be a foster parent?

REFERENCES

Please provide 2 personal references, not including family members.

| Name | Relationship | Years Known | Phone |
|------|--------------|-------------|-------|
|------|--------------|-------------|-------|

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of Living Free Animal Sanctuary. I authorize Living Free to conduct on-site inspections of the premises where the animal(s) will be kept.

Signature _____ Date _____

