

Fostering Animals in Need Application

Name _____

Street _____

Address _____

City, Zip _____

Phone _____ Second Phone _____

Email _____

Let us know why you want to foster!

1) What types of animals are you interested in providing care for:

- ◇ Dogs
- ◇ Cats
- ◇ Rabbits
- ◇ Ferrets
- ◇ Farm
- ◇ Other

2) What type of animal care do you have experience with?

- ◇ Bottle Feeding Interested in learning? _____
- ◇ Training Interested in learning? _____
- ◇ Administering Medication Interested in learning? _____
- ◇ Fearful animals Interested in learning? _____
- ◇ Pregnant animals Interested in learning? _____
- ◇ Sick animals Interested in learning? _____
- ◇ Other _____

3) Are you willing to let potential adopters to come to your home to visit the foster pet? _____

4) How long you are interested in fostering the animal? _____

5) Are you willing to have your number listed on the website? _____

6) Are you willing to take digital photos and write updates on the foster animals? _____

7) Are you willing to bring the animals to their vet appointments? _____

8) Are you willing to make trips to the shelter or store to pick up supplies? _____

9) How many children live at home _____ What are their ages? _____

10) How many adults live in your home? _____

11) Check the descriptions that best describe you, your family or your household?

Active Homebody Social Quiet Busy Bee

12) Do you currently have any animals? List your animals breed, name, sex, age and any need to know information

What veterinary do you use? _____

13) Are you able to quarantine the foster pet from your animals if needed? _____

14) Where will the foster animals be kept when no one is home? _____

15) What areas of your home will they have access to? _____

16) How will the foster animal be exercised? _____

17) Where will the foster animal sleep? _____

18) Do you: own rent live with family

19) Land lord name and phone number: _____

20) Are you interested in becoming an independent foster home for the Woman's Center Domestic Abuse Animal Protection program? Yes No (if yes, may we pass your information along to the Woman's Center?) Yes No

I certify that the information is true and correct to the best of my knowledge. I authorize UPAWS to verify the information I have provided.

Signature: _____ Date: _____

----- Office Use -----

Driver's License Number _____

Home Visit Date _____ By _____

Approved/Declined

Contact Notes

