

Foster Care Application



Contact Information:

Name: _____ Phone (day): _____
Address: _____ Phone (eve): _____
_____ Phone (cell): _____
City: _____ Pager: _____
State: _____ email: _____
Zip: _____

Housing Status: Own Rent Other

Landlord Name and Phone #: _____

Are you allowed to house animals? Yes No

What Kind? _____ How Many? _____

Do all adult members of your household want to foster? _____

How many children live in your home and what are their ages? _____

Personal Pet Profile

Please list all pets currently a part of your household:

Type	Breed	Sex/Age	Vaccinations/up to date	Spayed/Neutered?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of these pets have special needs and how are they treated? _____

Would you be willing to care for a foster pet that is ill and/or needs medication or is disabled in some way? _____

Do you think your pet(s) will get along with a foster pet? Why or why not? _____

Are there any requirements you have for a foster pet (i.e. size, temperament, age, gender, etc?) _____

If yes, please explain: _____

Do you feel you could foster more than one pet at a time? _____

What kinds of pets are you interested in fostering?

- | | |
|---|--|
| <input type="checkbox"/> Dogs (over 6 months) | <input type="checkbox"/> Cats (over 6 months) |
| <input type="checkbox"/> Puppies (under 6 months) | <input type="checkbox"/> Kittens (under 6 months) |
| <input type="checkbox"/> Mother dog w/newborn puppies | <input type="checkbox"/> Mother cat w/ newborn kittens |
| <input type="checkbox"/> Orphaned newborn puppies | <input type="checkbox"/> Orphaned newborn kittens |

How long would you be able foster a pet?

- 1-3 days only
- up to one week
- up to two weeks
- up to one month
- as long as needed
- other: _____

How many hours during the day will the foster animal be left alone? _____

Where will your foster be kept during the day when you are out? _____

Where will the foster be kept while you are home and at night? _____

Do you have a fenced yard? Y N If yes, what kind? _____ Height: _____

Do you have all of the supplies necessary to care for a foster pet? _____

If no what kinds of supplies will you need the rescue organization to provide? _____

Is this your first experience with a dog or cat or with fostering? Y N Please explain: _____

What training methods are you familiar with? _____

Would you be willing to transport a foster pet to vet appointments and adoption events? Y N

Please tell us anything else about yourself or your family that you feel this organization needs to know (i.e. previous experiences, why you want to foster, other groups you have worked with, special skills or training, personal contacts, etc.) _____

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 the rescue organization and I authorize them to conduct an on-site inspection of the premises where the animal will be kept.

Signature: _____ Date: _____

Please remit form to:
Maranda Hawkes, Volunteer Coordinator
No More Homeless Pets in Utah
324 S. 400 W. suite C
Salt Lake City, UT 84101
(801) 364-0370 x 27
fax (801) 364-0374