Name:       Date:

Street Address, City, State, Zip:

Please check which phone # is preferred: [ ]  Cell Phone:       [ ]  Home Phone:

Email:

Who will be responsible for the animal’s care?

**Have you ever fostered an animal before? [ ]  Yes [ ]  No If yes, list organization.**

Are you able to separate foster pet from your other pets? [ ]  Yes [ ]  No

Are you willing to administer medication (pill, liquid, drops, etc.)? [ ]  Yes [ ]  No

Are you willing to bring the foster animal back to the shelter for veterinary appointments or taking the animal to the veterinary office? [ ]  Yes [ ]  No

Are you willing to allow potential adopters to come to your home to visit the animal? [ ]  Yes [ ]  *No If no, you will need to bring the animal back to the shelter within time specified.*

Have you ever had an animal with behavioral/training issues? [ ]  Yes [ ]  No

If yes, how did you handle the situation?

Have you ever used a dog trainer? [ ]  Yes [ ]  No If yes, who did you use?

Do you have experience with bottle feeding kittens, weaning kittens, or pregnant cats? [ ]  Yes [ ]  No If yes, please explain your experience.

**Please indicate down below which animal(s) you are interested in fostering**

**CATS**

[ ]  Adult [ ]  Senior [ ]  Pregnant mothers (socialized) [ ]  Pregnant mothers (feral)

[ ]  Nursing mothers with kittens (socialized) [ ]  Nursing mothers with kittens (feral)

[ ]  Shy, fearful, or timid cats that need to be socialized

[ ]  Cats with medical needs, issues or recovering from injury or illness (medicine may need to be administered)

**Kittens (up to 6 months old):**

[ ]  Bottle feeding (1 – 5 weeks old) [ ]  Underage self-feeding kittens (4 – 8 weeks old)

[ ]  Shy, fearful, or timid kittens that need to be socialized

[ ]  Kittens with medical needs, issues or recovering from an injury or illness (medicine may need to be administered)

**DOGS**

[ ]  Adult [ ]  Senior [ ]  Pregnant mothers [ ]  Nursing mothers with puppies

[ ]  Shy, fearful, or timid dogs that need to be socialized [ ]  Dogs with behavioral issues

[ ]  Dogs with medical needs, issues or recovering from injury or illness (medicine may need to be administered)

**Puppies (up to 6 months old):**

[ ]  Bottle feeding (1 – 5 weeks old) [ ]  Under aged self-feeding puppies (4 – 8 weeks old)

[ ]  Shy, fearful, or timid puppies that need to be socialized

[ ]  Puppies with medical needs, issues or recovering from an injury or illness (medicine may need to be administered)

**Household Information**

What type of home do you live in?

[ ]  Single family [ ]  Multi-family [ ]  Condo [ ]  Apartment [ ]  Dormitory [ ]  Senior living facility

**If you rent, please provide your landlord’s name and telephone number:**

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

I have a: [ ]  Fenced in yard [ ]  Dog Run [ ]  Invisible fence [ ]  Tie out [ ] Other:

Are all members of the household agreeable to fostering? [ ]  Yes [ ]  No

How many adults are in the home?       Ages:       How many children are in the home?       Ages:

|  |
| --- |
| **Please list pets you have now or had in the past 5 years** |
| **Name** | **Dog/Cat** | **Breed & Age** | **Gender****F/M** | **Spayed or Neutered****Yes/No** | **Cats Only:****Indoor Only Outdoor Only? Both? Declawed?** | **Is pet alive?** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Please provide the name and telephone number of your veterinarian(s) for your current pets.**

Office Name/Veterinarian:       Phone:

**Please provide two personal references that you have known for more than five years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to You** | **Phone Number** | **Email Address** |
|       |       |       |       |
|       |       |       |       |

Should my fostering situation not be considered in the best interest of the animal(s), NFSAW has the right to remove the animal(s) from my home. I understand that the animal(s) belong to NFSAW and is not to be given away or promised to anyone without prior approval from a NFSAW representative.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_