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:

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| --- | --- | --- | --- | --- | --- | --- |
| **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?** |
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**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** |
|  |  |  |  |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_