



NAME: \_\_\_\_\_ ARE YOU OVER 18 YEARS OLD? (CIRCLE ONE) YES NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

WHAT TYPE OF HOME DO YOU LIVE IN? (CIRCLE ONE) SINGLE FAMILY HOME APARTMENT CONDO MOBILE HOME

DO YOU RENT OR OWN YOUR HOME? \_\_\_\_\_

IF YOU RENT, DO YOU HAVE LANDLORD PERMISSION TO FOSTER A PITBULL-TYPE DOG? (CIRCLE ONE) YES NO HAVEN'T ASKED YET

CAN WE CONTACT YOUR LANDLORD? (CIRCLE ONE) YES NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

IF YOU RENT OR RESIDE IN ANOTHER PERSON'S HOME, PROVIDE THEIR NAME AND TELEPHONE NUMBER:

\_\_\_\_\_

HOW MANY PEOPLE ARE CURRENTLY RESIDING IN YOUR HOUSEHOLD? \_\_\_\_\_

DOES EVERYONE IN THE HOUSEHOLD AGREE TO FOSTERING AN ANIMAL? (CIRCLE ONE) YES NO IF NO, WHO AND WHY NOT?

\_\_\_\_\_

NUMBER OF CHILDREN IN YOUR HOUSEHOLD: \_\_\_\_\_ THEIR AGES: \_\_\_\_\_

WHO IN THE HOUSEHOLD WILL CARE FOR THE PET? \_\_\_\_\_

DO YOU HAVE A YARD? (CIRCLE ONE) YES NO IS THE YARD COMPLETELY FENCED? (CIRCLE ONE) YES NO

IF YES, WHAT TYPE OF FENCE DO YOU HAVE? \_\_\_\_\_ HOW TALL IS YOUR FENCE? \_\_\_\_\_

ARE YOU APPLYING FOR A SPECIFIC PET? (CIRCLE ONE) YES NO IF YES, WHAT IS THE PET'S NAME? \_\_\_\_\_



WHAT OPTION BEST DESCRIBES YOUR NORMAL DAY? (CIRCLE ONE) HOME ALL DAY OUT PART TIME GONE 7-10HRS DAILY

INDICATE NUMBER OF PETS CURRENTLY LIVING WITH YOU: \_\_\_\_\_ DOGS \_\_\_\_\_ CATS \_\_\_\_\_ BIRDS \_\_\_\_\_ OTHER

NAME OF YOUR VETERINARIAN: \_\_\_\_\_

ARE YOUR PETS: \_\_\_\_\_ INDOOR ONLY \_\_\_\_\_ OUTDOOR ONLY \_\_\_\_\_ BOTH

ARE YOUR PETS CURRENT ON THEIR VACCINATIONS? (CIRCLE ONE) YES NO

ARE ALL YOUR PETS SPAYED AND/OR NEUTERED: (CIRCLE ONE) YES NO IF NO, PLEASE EXPLAIN:

WHAT TYPE OF ANIMAL(S) WOULD YOU LIKE TO FOSTER: (CIRCLE ALL THAT APPLY)

- YOUNG UNWEANED KITTENS WITHOUT A MOM YOUNG UNWEANED PUPPIES WITHOUT A MOM POCKET PETS (FERRET, HAMSTER, GERBIL, ETC.)
YOUNG UNWEANED KITTENS WITH MOM YOUNG UNWEANED PUPPIES WITH MOM RABBITS
WEANED KITTENS WEANED PUPPIES SICK OR INJURED PETS
ADULT CATS ADULT DOGS OTHER (PLEASE SPECIFY)

HOW LONG ARE YOU WILLING TO FOSTER AT ANY ONE TIME? \_\_\_\_\_

ARE YOU WILLING TO FOSTER MORE THAN ONE ANIMAL AT A TIME? (CIRCLE ONE) YES NO

ANY FOSTER PET YOU TAKE NEEDS TO GET ALONG WITH: (CIRCLE ALL THAT APPLY) DOGS CATS KIDS

HOW WILL THE FOSTER PET RECEIVE EXERCISE? \_\_\_\_\_

WHERE WILL THE FOSTER PET BE KEPT? (INDICATE "DAY" WITH "D" & "NIGHT" WITH "N")

- \_\_\_\_\_ LOOSE INDOORS \_\_\_\_\_ FENCED YARD \_\_\_\_\_ CRATE OR CARRIER
\_\_\_\_\_ BASEMENT \_\_\_\_\_ PEN OTHER: \_\_\_\_\_
\_\_\_\_\_ GARAGE \_\_\_\_\_ LOOSE OUTDOORS
\_\_\_\_\_ CLOSED IN A ROOM \_\_\_\_\_ TIED OUTSIDE



**HAVE YOU CARED FOR YOUNG, UNWEANED PUPPIES OR KITTENS BEFORE? (CIRCLE ONE) YES NO**

**IF YES, EXPLAIN:** \_\_\_\_\_

**HAVE YOU EVER GIVEN MEDICATION TO SICK ANIMALS BEFORE? (CIRCLE ONE) YES NO**

**IF YES, EXPLAIN:** \_\_\_\_\_

**ARE YOU WILLING TO PROVIDE FOOD AND LITTER AT YOUR OWN COST FOR FOSTER PETS? (CIRCLE ONE) YES NO**

**HAVE YOU FOSTERED AN ANIMAL BEFORE? (CIRCLE ONE) YES NO**

**IF YES, WHAT ORGANIZATION DID YOU FOSTER FOR?** \_\_\_\_\_