



FOSTER APPLICATION

Please print answers clearly on the application. Applications can be **faxed to (586) 933-2565**
Or scanned and emailed to **clinic@allaboutanimalsrescue.org**

Date: _____ Foster Animal's name: _____ Dog or a cat? _____

Your Name _____ Phone # _____

Address _____ City _____ Zip _____

Email: _____

1. Year of birth _____

2. Have you ever fostered pets before? _____ Cats, kittens, puppies, or dogs? _____

3. When did you foster and what organization did you foster for? _____

4. How long did you foster? _____

5. Did you enjoy fostering? _____

6. What problems did you run into? _____

7. Why do you want to foster this pet/s? _____

8. Do you currently live in a: House _____ Apt _____ Condo _____ Mobile Home Park _____ Town House _____

9. Do you: Own _____ Rent _____ Lease _____

10. Have you verified that your association or landlord will allow a foster pet? Yes _____ No _____

11. How many people currently live in your household? Adults _____ Children _____

Ages of each child _____

12. Does anyone in the household have any pet allergies? Yes _____ No _____ Explain: _____

13. Are you willing to provide this pet with high quality pet food twice a day and fresh water 24 hours a day?

14. Are you willing to provide cats with multiple litter boxes and clean boxes at least twice a day? _____

15. Are you willing to transport pet/s back and forth from All About Animals for medical care and photos?

Typically, a couple times are needed _____

16. How many pets currently live with you? _____

17. Please supply the following information on the animals currently living in your home:

- | | | | | | | |
|----------|---------|----------------|-------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| a. Type? | b. Age? | c. Sterilized? | d. Current on Vaccines? | e. On Heartworm Preventative? (Dogs) | f. Resides- Inside, Outside or Both? | g. FELV/FIV negative test? (Cats) |
|----------|---------|----------------|-------------------------|--------------------------------------|--------------------------------------|-----------------------------------|

18. Have your animals been exposed to other animals coming in the home? What is their reaction?

19. Are any of your pets being treated for medical conditions? _____ Please explain: _____

20. How many pets have you owned in the past 10 years? _____

What happened to each of the animals no longer in your home? Please explain:

21. Please list name, location and phone # of the veterinary practices who can verify the vaccine and heartworm test or FELV/FIV status of your pets. Please also list names of the pets and the name of owner the pet is under if different than your last name listed above. You may need to call your veterinarian to authorize record confirmations _____

22. Where will this foster animal be sleeping? _____

23. How much time will this foster animal be spending OUTSIDE on a given day and in what circumstances?

24. How much time will this foster animal be spending INSIDE on a given day and in what circumstances?

25. When can you start fostering? _____

26. How long can you foster for? _____

27. When does the foster pet have to out of your house by? _____

28. Do you have any vacations coming up during the foster period? _____

29. What are the dates foster pets will need a backup foster? _____

Do you have any comments for us? _____

I understand completion of this evaluation does not guarantee the foster placement (or adoption) of this pet. Furthermore, falsification of information will result in immediate denial of this application. Incomplete evaluation will not be processed.

Signature _____ Date _____

Thank you!