

Foster Application

General Information

Interested in fostering Canine / Feline / Other _____

Name: _____ Spouse/Partner Name _____

Phone: Home: (_____) _____ - Work: (_____) _____ - Cell: (_____) _____ -

Email: _____ Date of Birth: _____ Occupation: _____

Primary Address: _____

Physical Address (If Primary is PO Box): _____

Number of Children _____ Ages _____ Have your children lived with pets?

Yes / No

Why do you want to foster? _____

Your Pets

What pets have you had? (Use the back if necessary)

Name	Species (Dog, Cat Etc)	Sex	Breed	Age (Current or Deceased)	Spayed or Neutered	Description (How old when you got it?, Where did they come from?, Does it get along with other pets?)

Is anyone in your home allergic to animals? Yes / No If Yes, how would fostering this animal affect those that are allergic? _____

Has anyone in your household ever been convicted of an animal-related charge? Yes / No

Have you ever surrendered an animal to a shelter? Yes / No

If so, Why? _____

What happened to the animals you no longer have? Please list on back if necessary. Check when complete []

Where did your pets come from? _____

Do any of your current pets have serious health problems? Yes / No If Yes, please explain _____

Are your current pets spayed/neutered? Yes / No If No, why not? _____

Where will your foster be kept during the day? _____

Where will your foster be kept during the evening? _____

For how many hours each day will your foster be alone? (On average-no human present) _____

What are your expectations for this foster with your current schedule? _____

How will you socialize this foster? _____

How will you deal with any bad habits that may develop with your foster? _____

CANINE FOSTER ONLY

Do you have one of the following: Fenced Yard? _ Dog Run? _____ Other? _____

How do you feel about crate training your foster? _____

When you take this puppy/dog out to do its "business" will it be:

Walked on a leash? Yes / No

Tied on a rope/chain or cable? Yes / No If Yes, Rope or Chain?

Free to roam /loose? Yes / No

Allowed to roam in a fenced yard? Yes / No

How often will this puppy/dog be let outside? _____

How long will this puppy/dog be left outside? _____

FELINE FOSTER ONLY

Have your current cats/kittens been tested for FELV/FIV? Yes / No

Are any of your current cats/kittens declawed? Yes / No If Yes, Please Explain _____

Where will your fosters be kept? Indoors / Outdoors / Both Explain _____

REFERENCES

Note: By providing this information, you are authorizing BAARC to contact your veterinarian and personal references.

YOUR VETERINARIANS'S NAME: _____

Phone _____ Name on Account: _____

Pet Name/s _____

If there is a reason why your foster(s) have not been spayed or neutered or are not up to date on their vet care, please explain: _____

YOUR PERSONAL REFERENCES

1. Name _____ Relationship _____

Phone: Home _____ Cell _____

2. Name _____ Relationship _____

Phone: Home _____ Cell _____

Do you own or rent your home (check one)? House or Apt?

If you rent, do you have permission from your landlord to have a foster? Yes / No

May we contact your landlord? Yes / No

Landlord's Name _____

Landlord's Phone # _____

ACKNOWLEDGMENT

By my signature below, I am indicating that I acknowledge and agree that upon application approval, I will be required to bring my foster pet(s) to at least one Meet & Greet event per month. If I am occasionally unable to attend, I must make the necessary arrangements for someone else to bring my foster pet. I understand and acknowledge that if I fail to attend three consecutive adoption events, it will be deemed that I have adopted the foster pet(s) in my care and agree to accept full financial and veterinary responsibility for said pet(s). At which time, a Transfer of Ownership form will be required.

Signature _____ Date _____

Spouse/Partner signature _____ Date _____