

Foster Care Application

Name: _____ Date: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

Housing Status: (X) Own ____ Rent ____ Other: _____

Landlord Name: _____

Address / Phone Number: _____

Does your lease allow pets? (X) Yes ____ No ____

Please describe any restrictions on the number or type of animals that you are allowed to house: _____

Name and relationship of other adults in your household: _____

Name and ages of children in your household:

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Does anyone in your household have allergies to animals? (X) Yes ____ No ____

If yes, please explain:

Please provide two personal references. Please do not include household members:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

(A) **Personal Pet Profile:**

Please list ALL pets currently a part of your household:

	Pet's Name	Dog/ Cat	Breed	Age/Sex	Altered Y or N	Vaccines (Type/Date last given)	Where does pet sleep?
1 .							
2 .							
3 .							
4 .							
5 .							

List history of medical issues of the above pets, by line number:

- 1. Pet 1 -
- 2. Pet 2 -
- 3. Pet 3 -
- 4. Pet 4 -
- 5. Pet 5 -

How many hours per day are your pets left unsupervised? _____

How are they contained when left unsupervised? _____

Your veterinarian's name and phone number:

(B) Relevant Experience/Information

Please list any/all other foster or rescue groups that you are affiliated with:

Does your property have a swimming pool? (X) Yes _____ No _____

Does your property have a fenced in yard? (X) Yes _____ No _____

If yes, what type? (block, wood, chain, concrete, etc.) _____

How high is the fence at its lowest point? _____

Please describe the area where the foster animal(s) will be kept and cared for:

How many hours per day will the animal be alone on a regular basis **or** without an adult caregiver? _____

Give a brief description of your experience with very young, ill, injured, and/or un-socialized animals:

Have you ever raised a puppy? (X) Yes _____ No _____

Sometimes animals become ill while in foster care. If this situation arises, are you willing and able to administer medication? (X) Yes _____ No _____ Not sure _____

Do you have experience administering medication to animals? (X) Yes _____ No _____

If yes, please explain: _____

(C) Choices/Preferences:

What is the maximum time you are able to foster? _____

How many animals are you willing to foster at a time? _____

We will provide you with a full foster kit including the following items:

- | | | | |
|----------------|-------------|-----------------|--------------|
| -crate | -bedding | -food | -medications |
| -leash | -collar | -harness | -i.d. tag |
| -adoption vest | -food bowls | -training guide | |

How did you hear about our program? _____

Why do you want to be a foster parent? _____

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of BARX Rescue Squad and Resource Center. I authorize the rescue to conduct an on-site inspection of the premises where the animal(s) will be kept.

Signature: _____ Date: _____

Please email a copy of the application to BarxDogRescue@gmail.com,

Attn: Foster Program

FOR OFFICE USE ONLY

Received: _____ Contact Attempt: _____

Contact Made: _____

Home Visit: _____ Approved: _____

Notes: