



FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals. Please mail this form to PAWS, P.O. Box 855, Camp Hill, PA 17001, OR return this form to a local PetSmart Adoption Center. ALL INFORMATION ON THIS FORM MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED.

Name: _____

Street Address: _____

City, State, Zip _____

Driver's License: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Supervisor's Name: _____

Please answer all questions to the best of your ability, filling in, checking off, or circling as appropriate.

1) Type(s) of animals you are interested in fostering? Check all that apply.

Cats Special Needs Cats FIV+ FeLV+ Diabetic Other Bottle-fed kittens Kittens

Dog Special Needs Dogs Diabetic Behavioral issues Other Puppies

Other – Specify:

2) If an animal you had fostered is returned to PAWS, would you be willing to foster the animal again?

No Yes

3) Have you fostered animals before? No Yes If yes, what type of animal? Cat/Kitten Dog

4) Are you currently fostering or volunteering with other animal welfare, rescues, or shelters? No Yes

If yes, in what capacity?

5) Do you have any experience training and working with dogs with behavioral issues? No Yes

If yes, please describe:

6) Do you live in a: Apartment Condo Townhouse Mobile Home Other – Specify:

7) Do you live with your parents? No Yes

8) Do you own or rent your home? Own Rent
If you rent, please complete:

Landlord name: _____

Address: _____

Phone: _____

9) Do you have a fenced yard? No Yes If yes, what height is it?

10) How many people reside in your home? _____ Please provide their names and ages below:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: If you need more space, please complete on back

11) Do any members of your household have allergies? No Yes

12) Will you be able to keep the foster animals separate from your own during the acclimation period and/or quarantine period? No Yes

13) Where do you plan to keep your foster animals?

14) How many hours per day will your foster animals be without adult care?

15) What will you do to find your foster animal if it becomes lost?

16) What pets have you had in the past, if any?

17) If dog(s), what breed(s) were they?

a. Where are they now?

18) Do you have any pets in your household now? No Yes

a. If yes, what type and quantity?

b. What are their ages?

c. Are they spayed or neutered? No Yes

d. Are their vaccinations current? No Yes

e. Are they currently licensed? No Yes

f. If dog(s), what breed(s) are they?

g. If cat(s), are they kept indoors, outdoors, or both? Indoors Outdoors Both

h. If cat(s), are they declawed? No Yes

19) Can you accept the fact that some animals will not survive or may have to be euthanized due to an illness and that this decision is up to PAWS? No Yes

20) Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up to PAWS? (Of course, we welcome your referrals!) No Yes

21) Are you willing to abide by all animal control laws with regard to your foster animals? No Yes

22) Foster homes are approved annually with a home visit performed at the discretion of the Foster and Adoption Committee. Do you agree? No Yes

23) Have you ever been investigated for, had a complaint filed or a pet confiscated for cruelty or neglect? No Yes

24) Are you a current member of PAWS? No Yes If no, are you willing to become a paid member of PAWS? No Yes

25) I agree to allow PAWS to contact my veterinarian listed below as a reference? No Yes

Name: _____

Address: _____

Phone: _____

I agree to allow PAWS to contact the following 3 references who do not reside in my household? No Yes

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that although PAWS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the health of an animal, behavior, or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which PAWS has asked me to provide care. I indemnify and hold PAWS free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind, and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Print Name

Date

Signature

PAWS use only Name _____ Date _____ __Approved __Denied Comments: _____ _____
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