

Office Use Only

Good Match? _____

Not a Good Match _____

Landlord Approval? _____

Vet Check? _____

Admin check & references? _____

(initial above when checked)



STAFFORD ANIMAL SHELTER



Foster Care Application



APPLICANT INFORMATION

Name _____ Date _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

May we call you at work? _____ Yes _____ No

How long at this address? _____ Any plans to move? _____

Number of people in household _____ Does anyone in household have allergies? _____

Number of children, if any, and their ages _____

Are all household members aware of and agree to the fostering program? _____

Are you presently employed? _____ Full time _____ Part Time _____ Work at home _____

Student _____ Retired _____ Unemployed _____

Name of Employer _____

GENERAL INFORMATION

What types of animals are you willing to foster?

_____ Single Dog _____ Single Cat _____ Litter of Puppies _____ Litter of Kittens _____ Stressed Animals

_____ Animals that are recovering from illness/surgery _____ Unsocialized Animals

I understand that there is a risk fostering animals. Although SAS does it's best to mitigate contagious disease and behavior issues, I am accepting risk by fostering animals and agree to hold Stafford Animal Shelter harmless for any property damage or personal injury incurred by fostering a pet for them. _____ Yes _____ Initial.

Have you completed the Stafford Animal Shelter Volunteer Training? _____ Yes _____ No If so, when _____

Type of Residence House ___ Apartment ___ Condo ___ Mobile Home ___ Other (describe) _____

Do you own? _____ Do you rent? _____ If you live in a mobile home, do you rent the property? _____

Landlord's or Manager's name and phone number _____

Housing location: City limits ___ County limits ___ On busy road ___ Slight traffic ___ County road _____

Residential area _____ Rural or Ranch area _____ Other _____

Do you have a fenced yard _____ If yes, how high _____ Type of fence _____

How many hours per day will the animal be alone? _____ Where will the animal stay when alone _____

Where will the animals be kept? _____ Inside _____ Outside _____ Playpen _____ Kennel _____

Do you have a doggie door? _____ Yes _____ No. Are you able to close access? _____ Yes _____ No

How will you exercise/interact with the foster animals? _____

Describe the activity level in your house:

Busy (visits by friends, meetings, children, parties) _____

Noisy? (TV, stereo, machinery, tools, children playing, dogs barking) _____

Moderate? (normal comings and goings) _____

Quiet? (homebodies, few guests) _____

Other (specify) _____

Are you willing to bring the animal(s) back and forth to Stafford Animal Shelter in your own vehicle?

_____ Yes _____ No

How long will you be able to foster an animal in your home? _____

Are all your animals current on their vaccines? _____ Yes _____ No

If no, please explain why _____

Fosters can only interact with vaccinated & approved animals listed on this application below.

If asked, will you provide proof of vaccines for your animals? _____ Yes _____ No

Are your animals tolerant of other animals? _____ Yes _____ No If no, please explain _____

Do you have any experience in training/obedience/medical care/births? _____ Yes _____ No

Are you comfortable administering medication to an animal that is prescribed by SAS? ____ Yes ____ No

Are you comfortable bottle-feeding newborn kittens or puppies (we will provide training)? ____ Yes ____ No

If you have an animal emergency, do you agree to call the shelter or contact name you are given first and be able to follow directions given at that time? ____ Yes ____ No

Please do not seek medical treatment with your own Veterinarian or administer any medication or treatment without SAS permission. Stafford is unable to pay for outside medical advice.

Do you have a separate room or area in your home where you can isolate animal(s) while they are in foster care? Foster animals must have an isolated room and are not allowed at dog parks or to socialize with any animals not listed below on application or approved by SAS. ____ Yes ____ No

If SAS determines that a home check is necessary, will you agree to have a home check? ____ Yes ____ No

Do you or have you fostered for other shelters or rescue organizations? ____ Yes ____ No. If yes, please explain and provide contact information for foster coordinator.

Please provide 2 personal references who can attest first hand to your experience with pets

Name: _____ Phone Number: _____

Email: _____ How long have you known them: _____

Name: _____ Phone Number: _____

Email: _____ How long have you known them: _____

PET INFORMATION

Have you had pets in the last five years ____ Yes ____ No

If yes, complete the following chart for all owned pets or for pets who will be interacting with the fosters.

Some young pets will not be able to interact with pets that go inside / outside due to disease transmission.

Type of pet (& name) Age of pet Had how long? Spayed/Neutered Inside/Outside Where is pet now?

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Who is your Veterinarian? _____ Phone _____

City _____

I understand the information I have given will be verified by the Stafford Animal Shelter. We will confirm landlord permission and call your references & veterinarian. Our Director of Operations & Outreach will contact you for a phone interview. In addition, we reserve the right to request a home visit before the fostering of any animals. This information will be held in confidence and used only by the Stafford Animal Shelter. If approved, your application will be kept on file and matched with an applicable foster when available.

Signature _____ **Date** _____

I certify that I am at least 18 years of age and the information provided is correct to the best of my knowledge. I understand that the Stafford Animal Shelter reserves the right to deny any application for any reason and ask for the return of the animal for any reason without warning. Providing false information may result in the denial of foster care program. I am fully aware that I am fostering a living creature and that the Stafford Animal Shelter is unable to guarantee the health of any animal.

Signature _____ **Date** _____

Once I become an approved foster, I will adhere to the guidelines and rules specific to my foster pet as explained to me by SAS Staff. _____ **Initial**