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.

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