



### ART N PAWS FOSTER APPLICATION

- The purpose of the Foster Application and registration process is to determine the Qualifications and suitability of individuals who wish or desire to become registered Foster parents with ART N PAWS FOSTER
- Please complete this application with care because the information you provide, under the Guidelines of the ART N PAWS FOSTER Foster Policy will help us determine whether you are eligible to register as a foster parent.
- Incomplete applications will not be reviewed.
- The foster caretaker understand and acknowledges that he/she is responsible for all expenses incurred as a result of fostering animal

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Why do you want to become a foster parent ? \_\_\_\_\_

How often would you like to foster?  
\_\_\_\_\_

When will you be able to begin fostering?  
\_\_\_\_\_

What type of dwelling do you reside? HOUSE APARTMENT DUPLEX  
MOBILE HOME

Is the residence: OWNED RENTED - Landlord's allowed pets?  
\_\_\_\_\_

May we visit your home for pre-inspection or during foster care? YES NO

How many pets do you currently own? CATS \_\_\_\_\_ DOGS \_\_\_\_\_ OTHER \_\_\_\_\_  
NONE \_\_\_\_\_

Please enter your current pets in the table below:

SPECIES BREED AGE ALTERED HOUSED

INDOOR/OUTDOOR

CURRENTLY

VACCINATED

MEDICAL/BEHAVIORAL

PROBLEMS

If you own an unaltered pet, what is the reason for not having your pet sterilized?

\_\_\_\_\_

\_\_\_\_\_

List the number and ages of children living in your household:

\_\_\_\_\_

\_\_\_\_\_

Will the pet be kept: INDOORS OUTDOORS BOTH

If outdoors, describe the environment, type of fencing, and the shelter you will provide:

\_\_\_\_\_

\_\_\_\_\_

What type of schedule do you keep; how many hours will the pet be left alone?

\_\_\_\_\_

\_\_\_\_\_

What type of pets would you like to foster? In the boxes below, please check the types of animals you

would like to assist:

DOGS CATS OTHER

ADOPTABLE

ORPHANED INFANTS

MOTHERS WITH INFANTS

MEDICALLY NOT ADOPTABLE

BEHAVIORAL/SOCIALIZATION

• Do you possess basic obedience training knowledge (i.e. leash walking, basic commands, housebreaking)

YES NO

I \_\_\_\_\_, attest that all the information I have provided on this

Application is true. I agree to honour the rules and regulations listed in the Foster Policy.

THANK YOU !!!!