



Foster Care Application

Name: _____ Today's date: _____

Address: _____

City/Zip/State: _____

Home phone #: _____ Cell phone#: _____

Email address (pls. print): _____

Occupation: _____

May we contact you at work: **YES / NO** Work phone #: _____

Are you 21 years or older: **YES / NO**

What type of foster care are you available for (check all that apply):

- ☐ Dogs/Puppies only
- ☐ Cats/Kittens only
- ☐ Cats/Kittens and/or Dogs/Puppies
- ☐ MEDICAL FOSTER
- ☐ Healthy adult animals
- ☐ Pregnant/nursing animals
- ☐ Newborn babies (may require bottle-feeding)
- ☐ Babies too young for adoption but eating on their own
- ☐ Post-surgery recovering adult animals (may require some medicating/changing bandages etc)
- ☐ Post-medical treatment (e.g. heartworm treatment)
- ☐ Depressed/traumatized animals (adolescent and adults)
- ☐ Short-term space related foster care

Do all members of the household agree to you fostering animals?

- ☐ **YES**
- ☐ **NO**

Do you own or rent your home?

- ☐ **OWN**
- ☐ **RENT**

(If you rent you need to provide proof that you are allowed to have pets)

How many people currently live in your home:

Adult: _____ Children (pls list their age): _____

Is anyone in your household allergic to animals?

- ☐ **Yes**
- ☐ **No**

If yes; please explain: _____

During the day, are you:

- ☐ **At work full-time**
- ☐ **At work part-time**
- ☐ **Home**

Approximately how many hours per day will your foster animal(s) be left alone during the daytime: _____

How do you plan to contain your foster animal(s) when left alone: _____

Do you have prior experience with the type of foster care you are willing to provide?

- ☐ **Yes**
- ☐ **No**

Which organization did you foster for: _____

Are you interested in having an experienced foster care volunteer as a mentor (someone you can call with questions or advice)?

- ☐ **Yes**
- ☐ **No**

Please list all current or previous pets (past 5 yrs):

Pet's name	Dog / Cat	Breed mix	Live/Deceased	Age	Spayed/Neutered?	Indoor/Outdoor

Are your own pets up to date on vaccinations?

- ☐ **Yes**
- ☐ **No**

Who is your veterinarian?

Name: _____ Phone number: _____

May we contact your veterinarian about your current pets?

- ☐ **Yes**
- ☐ **No**

Are you willing and able to bring the animal(s) to one of our participating vets for periodic check-ups and vaccinations?

- ☐ **Yes**
- ☐ **No**

Are you willing and able to bring the animal(s) to an emergency clinic should they become ill?

- ☐ **Yes**
- ☐ **No**

Are you willing and able to administer medications should the animal(s) require them?

- ☐ **Yes**
- ☐ **No**

Are you able to keep foster animals separate from your own animals?

- ☐ **Yes**
- ☐ **No**

If yes; please explain your set up: _____

If fostering dogs; do you have a fenced in yard or other recreational area?

- ☐ **Yes**
- ☐ **No**

If yes; please provide specifics (height etc): _____

Do you have any experience or training in working with dogs or cats with behavioral issues?

- ☐ **Yes**
- ☐ **No**

If yes; please describe: _____

Would you be agreeable to having our ROAR Foster Coordinator meet with you at your home prior to taking foster animals into your home?

- ☐ **Yes**
- ☐ **No**

Please list two personal references (not your vet):

Name: _____ Phone: _____ Relationship: _____

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I hereby affirm that I have answered the above questions truthfully and to the best of my knowledge. I give my permission to ROAR to contact my landlord for verification of their policy regarding animals. I also give my permission to ROAR to contact my veterinarian for any information regarding my current/previous pet(s). I also give my permission to ROAR to contact my two personal references.

Signed: _____ **Date:** _____

For office use only:

Rec. at ROAR date: _____ Initials: _____ Rec. by Foster Coord.: _____