



foster application

Name:	Today's Date:		
Address:	City:	State:	ZIP:
Email:	Home Phone:		
Cell:	Work Phone:		
Occupation:	Employer:		
Spouse Name:	Occupation:		

1. Are you interested in fostering cats, dogs, or both? _____
2. Why do you want to foster? _____
3. Have you fostered before? _____
4. In what age group do you (the primary fosterer) fall?
17-21 21-30 30-45 45-60 60-80 over 80
5. Do you have any dogs now? Indoor or outdoor?
Please list names, ages and breeds as well as a brief personality description. Tell us about any special compatibility needs required. (use another sheet if you need additional space).

6. Do you have any cats now? Indoor or outdoor?
Please list names, ages and breeds as well as a brief personality description. Tell us about any special compatibility needs required. (use another sheet if you need additional space).

7. Other animals? _____
8. How many hours will the foster animal be home alone? _____
9. What will you do to provide ample exercise and activity for your foster? _____
10. How would you rate your dog experience?
1st Time Guardian Beginner Intermediate Advanced
11. How would you rate your cat experience?
1st Time Guardian Beginner Intermediate Advanced
12. Do you own or rent? If you rent, do you have landlord approval to have pets? Y N
Please describe your home and the area(s) in which your foster ward will be kept.

13. How many other people live in your household? Please list how many and their ages. _____
14. Would you be able to foster a cat or dog taking medication? _____
15. Do you have an area where you could isolate sick animals from your other pets?
If yes, please describe. _____
16. Typically foster guardians foster for a week or more. To what kind of time frame can you commit? _____
17. Would you be willing to have potential adopters meet the animal in your home? _____
18. Is there anything else you feel we should know? _____

cat fosters

1. Where will your foster cat spend his or her days? _____
2. How about his or her nights? _____
3. If you have other cats, have they been tested for FIV? Y N What were the results? _____
4. Have they been tested for FeLV? Y N What were the results? _____
5. Are you willing to foster (check all that apply):
 - Pregnant Cat
 - Nursing mother and kittens
 - Orphan newborns requiring frequent bottle feedings
 - Kittens *not* requiring bottle feeding
 - Feral Cat
 - Cat that has been abused, neglected, or stressed
 - Cat on daily medication
 - Cat with a behavioral problem (e.g., urinating outside the box, biting/scratching)
 - FeLV-positive cat
 - FIV-positive cat
6. What kind of cat might you **not** want to foster? _____

dog fosters

1. Where will your foster dog spend his or her days? _____
2. How about his or her nights? _____
3. Do you have any experience with training dogs? Y N
If yes, please describe:

4. Do you have interest in attending training classes with your foster and maintaining in home training? _____
5. Are you willing to foster (check all those that apply):
 - Pregnant dog
 - Nursing mother and puppies
 - Orphan newborns requiring frequent bottle feedings
 - Puppies *not* requiring bottle feeding
 - Dog that has been abused, neglected, or stressed
 - Dog on daily medication
 - Dog with a behavioral problem
 - Dog that is not yet housebroken
 - High energy dog
 - Low energy dog
6. What kind of dog might you **not** want to foster? _____
7. Do you have a fenced yard? _____
If yes, please describe your fence (type and height): _____
Do you have a dog door? _____