

PAWS Foster Home Application

Date: _____ Time: _____ Interviewer: _____ Processed by: _____

Applicant: _____ Phone: _____ Age: _____

Street: _____ City: _____ State: _____ ZIP: _____

Email Address: _____ Partner/Spouse Name & Phone: _____

Yes/No/NA	Are you ready to foster a PAWS animal?
	Are you 18 years of age or older?
	Are you a college undergraduate?
	Do you have experience caring for dogs/puppies/cats/kittens?
	Are you able to bring your dog/cat to PAWS for the weekend showings? (Drop off for either Saturday-Sunday OR Monday-Wednesday showings for cats , or bring to Sunday showing from 12-2 for dogs)
	Have all of your current or past pets lived inside as family members?
	Are/were all of your current or past pets spayed or neutered?
	Are/were all of your current or past pets current for rabies immunization?
	Have all of your current or past pets been given annual checkups?
	Have your current cats been "combo" tested for FIV/FelV?
	Have you surrendered a pet in the past?
	Do you ultimately plan to adopt a fostered animal?

Notes:

My interest is in fostering (check all that apply): Dogs Puppies Cats Kittens

Breed: _____ Gender: _____ Size: _____ Age: _____

Hours per day foster animal would be alone: _____

Cats – My current cats are: Indoor only Indoor/Outdoor Primarily Outdoors

Dogs – My foster will sleep (in crate, outside, in bed, etc): _____

When I'm not home, my foster will be (crated, free in house, outside, etc.): _____

It's most important to me that my foster animal: _____

My exercise/attention plan for my foster animal: _____

Behaviors I would not be able to tolerate: _____

Work Status:

Student: Year in school: _____ Planned Graduation Date: _____

Working: Employer: _____ Phone: _____ Part Time Full Time

Retired Are you a US citizen and/or permanent resident of the US? Yes No

Partner/Spouse Status: Student Working-Employer: _____ Part/Full Time: _____ Retired

Housing: Single Family Duplex/Townhouse/Apartment Farm Housing Association

Rent Own Landlord: _____ Phone: _____ Discussed Approved

Known Landlord Restrictions: _____ Fenced Yard: Yes No Other Confinement: _____

Current and Previous Pets:

Name	Breed	Age	Gender	Spayed/ Neutered	Time Owned	Year Departed	Annually Vetted Y/N	<i>If you no longer own this animal, why?</i>

Notes:

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Other Household Members/Roommates:

Name	Age	Relation	Allergies	Phone	Email

Visiting Children:

Age	Frequency

References (non-family members):

Name	Email	Phone	When to call

Veterinarian Service: _____ **Doctor:** _____ **Phone:** _____
 Name of person vet records are under: _____

What Brought You to PAWS Today? (Circle all that apply)

Word of mouth recommendation Print Advertising Radio/TV Advertising Media Coverage
 Online Advertising/social media Heard about event/promotion Other: _____

By signing below you certify the information given is true. You are giving a PAWS representative permission to contact your landlord, veterinarian, references, make follow-up calls, and make a home visit, if necessary. PAWS reserves the right to deny any foster application. If your application cannot be approved at this time, you will receive a letter detailing the reason. You understand this animal is available for adoption and may be recalled to the Center at any time. You will go through the standard PAWS adoption procedure if you desire to keep this animal.

Applicant: _____ Date: _____

For PAWS Use:

Processed by: _____ Date: _____

Approved Denied Withdrawn Applicant notified

PAWS Notes: