

Foster Parent Application

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals.

Name: _____

Street Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Work Phone: _____

I am interested in fostering: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Dogs S M L | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Dogs, pregnant or w/litters | <input type="checkbox"/> Cats, pregnant or w/litters |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Kittens |
| <input type="checkbox"/> Litters of puppies | <input type="checkbox"/> Litter of kittens |
| <input type="checkbox"/> Other (goats, pigs, ferrets, birds, etc.) | |
| Please specify: _____ | |

Are you willing to foster an animal that is ill or recovering from an injury? _____

Have you fostered an animal before? Yes No If yes, for what agency? _____

What is the length of time you are willing to foster an animal(s)? _____

Do you own your home? Yes No

If renting, are you allowed pets? Yes No

How would you describe your yard in terms of size? Small Medium Large

Is your yard fully fenced? Yes No Type of fencing? Wood Chain-link Other _____

What is the height of your fence at its lowest point? _____

Can you provide foster animal adequate shelter during the foster period? Yes No

Where will the animal be kept during the day? _____ At night? _____

Who will be the primary caretaker of this foster animal? _____

How many hours per day will your foster animals be without adult care? _____

Would you be agreeable to having your property checked prior to taking animals into your home? Yes No

FAMILY

Is everyone in your family comfortable with the idea of providing foster care? Yes No

List the adults in your household

List all the children in your household and their ages

Do your children have any experience with animals? Yes No

What kind of contact will they have with a foster animal? _____

Do any members of your household have allergies? Yes No

PET OWNING EXPERIENCE

What kind of animals have you owned in the past and for how long? _____

Do you currently have pets of your own? Yes No If yes, please list:

Name	Breed	Age	Male or Female	Spayed/ Neutered	Vaccinations Current

Are they currently licensed? Yes No

Are they tolerant of other animals? Yes No Don't know Please explain: _____

Do you have a separate area or room in your house where you can contain an animal while it is in foster care? Yes No

Please describe any experience you have had with animal training/obedience/medical care/birth. _____

GENERAL

Can you provide transportation to an approved veterinarian for approved treatment? Yes No

Are you willing to actively participate in finding your foster animal a forever home? Yes No

Are you willing to administer medications should the animal require them? Yes No

Are you willing and able to attend a Foster Parent training or orientation prior to fostering? Yes No

Do you understand that anyone interested in adopting your foster animal (including yourself) must go through the standard adoption process?
 Yes No

REFERENCES

Do you know anyone associated with TAL? Yes No Name _____ Relationship _____

Have you adopted an animal from TAL? Yes No

If yes, who did you adopt and when? _____

Have you ever been a volunteer at TAL before? Yes No

If yes, when? _____

Please provide names, addresses, and phone numbers for the following:

Two friends or neighbors who know you in relation to your experience with animals:

Your veterinarian:

Your landlord, (if applicable)
