



PAWS4EVER

## FOSTER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State & ZIP \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_ (circle primary)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Fostering Interests

I'm interested in fostering a  Dog  Cat (check all that apply)

Number of pets I can foster at any given time: \_\_\_\_\_

I'm interested in fostering (check all that apply)

- Healthy dog or cat
- Kitten or puppy
- Nursing or pregnant dog or cat
- Pet with medical needs – sick, injured, special diet or medical treatments
- Senior/aging pet
- Pet with behavioral challenges
- Vacation coverage for other foster caregiver

Describe the attributes of the pet you feel would be a good fit for your home and why. \_\_\_\_\_

\_\_\_\_\_

In general, what is the length of time you prefer to provide care for a foster pet? \_\_\_\_\_

\_\_\_\_\_

Have you fostered in the past?  Yes  No

If yes, through which organizations (name/contact)? \_\_\_\_\_

Your Pets  N/A

How many pets do you have at home currently? \_\_\_\_\_ Are any of these animals foster pets?  Yes  No



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# Dogs \_\_\_\_\_ Male \_\_\_\_\_ Female Spayed/Neutered?  Yes  No Ages \_\_\_\_\_

# Cats \_\_\_\_\_ Male \_\_\_\_\_ Female Spayed/Neutered?  Yes  No Ages \_\_\_\_\_

Other animals \_\_\_\_\_ Describe \_\_\_\_\_

Do any of your pets have medical or behavioral concerns that we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Which veterinary clinic do you use? \_\_\_\_\_ Phone \_\_\_\_\_

Current Dogs  N/A

Where are your dogs kept during the day?  Inside  Outside  Garage  Crate

Where are your dogs kept at night?  Inside  Outside  Garage  Crate

Where are your dogs kept when you're away?  Inside  Outside  Garage  Kennel  Crate

Are your dogs current on rabies?  Yes  No DHPP?  Yes  No Bordatella?  Yes  No

When was the last time your dogs had a heartworm test? \_\_\_\_\_

Are your dogs on flea/tick and heartworm preventative every month?  Yes  No What brand? \_\_\_\_\_

Current Cats  N/A

When was the last time your cats had a combo test for FeLV and FIV? \_\_\_\_\_

Are your cats current on rabies?  Yes  No FVRCP?  Yes  No FeLV?  Yes  No

Are your cats on flea/tick and heartworm preventative every month?  Yes  No What brand? \_\_\_\_\_

Do your cats go outside?  Yes  No If yes, how often? \_\_\_\_\_

**General Questions**

Do you have any breed, weight or barking restrictions with your rental agreement, homeowner's insurance or HOA?

Yes  No If yes, please explain restrictions: \_\_\_\_\_

How many hours will your foster pet be home alone? \_\_\_\_\_

How many adults/children live in your home (specify children's ages)? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_



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If you rent, what is your landlord's name? \_\_\_\_\_ Phone \_\_\_\_\_

Are there any factors that may limit your foster work, such as allergies, work schedule or physical limitations?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you able to go to adoption events with this animal at least once a month?  Yes  No

Do you plan to take the foster pet into public places, such as cafes or special events?  Yes  No

Please explain your willingness/ability to work on specific behavioral issues and training.

Behavior	Have experience with	Willing to learn & address	NOT willing to address
Chewing/scratching			
House training/spraying			
Barking			
Leash Pulling			
Nipping/mouthing			
Socialization			
Hyperactivity			
Pack Dominance			
Dog Reactivity			
Digging			
Jumping			
Resource Guarding			
Crate Training			
Anxiety			

At Paws4ever, we use only positive methods for training and correction. Are you willing to learn and incorporate the Paws4ever methods of positive reinforcement and to refrain from using other methods?  Yes  No

Are you willing to commit to daily training, play, affection and exercise, as appropriate, with your foster pet?  Yes  No

New pets may require attention during the nighttime and/or sleeping hours. Will you be able meet this need and understand you may lose uninterrupted sleep?  Yes  No



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What interests you in becoming a foster caretaker? \_\_\_\_\_

What animal related skills and experiences do you have that you feel would be beneficial in your role as caretaker?

Tell us about your previous experience working with pets. If applicable, also comment on the experience other family members have had with pets. What types of pets have you cared for? Has anyone had a particularly negative experience such as a bite or witnessing a dog fight? Have you ever had to relinquish a pet? Please explain. \_\_\_\_\_

Explain your philosophy on how children and pets should interact. \_\_\_\_\_

Please provide at least two references (non-related adults who do not live with you):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I affirm I am 21 years or older, that all the above information is true, and I acknowledge that Paws4ever is relying on this information to consider me for the foster program. The Paws4ever Adoption Center staff member has a right to refuse a person to foster with Paws4ever if s/he has reason to doubt the adequacy of the prospective foster parent's home environment. Paws4ever will check landlord and veterinary references before an application is considered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED APPLICATION TO PAWS4EVER  
6311 Nicks Rd, Mebane, NC 273023 | [foster@paws4ever.org](mailto:foster@paws4ever.org) | fax: (877) 268.7014



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Interview Date \_\_\_\_\_

Conducted by \_\_\_\_\_

Meet and Greet Date \_\_\_\_\_

Conducted by \_\_\_\_\_  N/A

Cat Test Date \_\_\_\_\_

Conducted by \_\_\_\_\_  N/A

Home Visit Date \_\_\_\_\_

Conducted by \_\_\_\_\_

Landlord Comments: \_\_\_\_\_

Vet Comments: \_\_\_\_\_

Personal Pets Proof of Vaccination: \_\_\_\_\_

Approved  Denied Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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