

FOSTER APPLICATION



- In order to be considered for fostering a PETSinc animal you must:
 1. Attend a Foster Orientation class
 2. Be at least 21 years of age
 3. Meet Foster Expectations
- If you rent your home you must have consent from your landlord to have a dog.
- Have all dogs and cats in the home spayed or neutered, if they are 6 months or older, unless there are medical reasons for not doing so.
- Have all animals in the home up to date on vaccinations.

Please understand that PETSinc reserves the right to reject any applicant for any reason.

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____ Birthday: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Please list all family members that will be living with the animal:

Name	Relationship	Age

Is anyone in your home allergic to animals? Yes ___ No ___

Why do you wish to foster animals for PETSinc?

Do you have any prior foster experience? Yes ___ No ___

If yes, please list rescues:

Do you live in a: House Condo Apartment Other _____ (please circle one)

Do you have your landlord's written permission to foster an animal? Yes ___ No ___ N/A ___

Do you have a yard? Yes ___ No ___ Open ___ Fully enclosed ___

Type of Fence _____ Height _____ Outside Dog Run/Kennel? Yes ___ No ___

What types of animals are you interested in fostering?

Cats:

Adults ___ Weaned Kittens ___ Mom and Babies ___ Bottle Kittens ___ Comfortable with meds ___

Dogs:

Adults ___ Weaned Puppies ___ Mom and Babies ___ Bottle Puppies ___ Comfortable with meds ___

How will the PETSinc animal(s) be isolated from other pets (7 day minimum quarantine)?

Where will ARF animals be kept during the day? _____ At night? _____

How many hours of the day are you usually away from home? _____

CURRENT PETS: Please include all pets

Type of Pet	Age	Sex	Spayed/ Neutered?	Inside or Outside?	Dog or Cat Friendly?

If you have cats, are they current on their vaccines (Rabies, FVRCP, FELV)? Yes ___ No ___

If you have dogs, are they current on their vaccines (Rabies, Bordatella (Kennel Cough), DHLPP)?

Yes ___ No ___

Please provide name of veterinarian and contact information to verify vaccines and vaccines records

Name: _____

Phone number: _____

Please note any additional information that will assist us in finding the proper foster pet for you:

I have answered the questions about truthfully and completely

Signature: _____ Date _____

Print Name:
