



APPLICATION FOR PET FOSTERING



NAME _____	D.O.B. _____
ADDRESS _____ CITY _____	STATE _____ ZIP _____
HOME PHONE _____	CELL PHONE _____
EMAIL ADDRESS _____	NUMBER OF PEOPLE IN HOUSEHOLD _____

ARE YOU OR ANY MEMBER OF YOUR FAMILY ALLERGIC TO PETS? YES NO

IF YES, PLEASE EXPLAIN. _____

ARE THERE CHILDREN IN YOUR HOUSEHOLD? YES NO IF YES, PLEASE LIST AGES _____

ARE YOU PRESENTLY EMPLOYED UN-EMPLOYED RETIRED STUDENT

EMPLOYER _____ HOW LONG AT COMPANY? _____

SCHOOL _____ WHEN WILL YOU GRADUATE? _____

CO-APPLICANT INFORMATION (PLEASE INCLUDE SPOUSE OR SIGNIFICANT OTHER)

NAME _____	D.O.B. _____
EMAIL ADDRESS _____	CELL PHONE _____
RELATIONSHIP _____	

ARE YOU PRESENTLY EMPLOYED UN-EMPLOYED RETIRED STUDENT

EMPLOYER _____ HOW LONG AT COMPANY? _____

SCHOOL _____ WHEN WILL YOU GRADUATE? _____

GENERAL INFORMATION

TYPE OF RESIDENCE HOUSE APARTMENT TOWNHOME CONDO MOBILE HOME FARM

DO YOU OWN OR RENT? OWN RENT

ARE YOU PLANNING ON MOVING IN THE NEXT 6 MONTHS? YES NO

IF YES, PLEASE NOTE TYPE OF RESIDENCE AND LOCATION _____

IF RENTAL, ARE PETS ALLOWED? YES NO SIZE RESTRICTIONS? YES NO MAX. SIZE? _____

MANAGER/LANDLORD NAME _____ PHONE NUMBER _____

RESIDENCE LOCATION TYPE CITY SUBURBAN RURAL BEACH/LAKEFRONT

TYPE OF STREET BUSY MODERATE LIGHT SPEED LIMIT? _____

WHY DO YOU WANT TO FOSTER?

HOUSING YOUR NEW FOSTER

WHERE WILL PET LIVE? INSIDE ONLY OUTSIDE ONLY BOTH (PLEASE EXPLAIN) _____

WHERE WILL PET SPEND NIGHTS? FAMILY MEMBER'S BED PET BED GARAGE OUTSIDE OTHER _____

DO YOU HAVE A FENCED IN YARD? YES NO DO YOU HAVE AN INVISIBLE FENCE? YES NO

FENCE TYPE _____ APPROX. SIZE OF YARD _____ FENCE HEIGHT _____

WILL THE PET RUN LOOSE? YES NO IF YES, WHERE? _____

DO YOU HAVE A PET DOOR? YES NO HOW MANY HOURS A DAY WILL THE PET BE ALONE? _____

WHERE WILL THE PET STAY WHEN LEFT ALONE?

- FENCED YARD
- OUTSIDE PEN
- INSIDE IN CRATE
- GATED ROOM IN HOUSE
- FREE RANGE OF HOUSE
- GARAGE
- LAUNDRY ROOM
- OTHER (PLEASE SPECIFY) _____

CHOOSE THE ACTIVITY LEVEL IN YOUR HOME

- BUSY (VISITS BY FRIENDS, MEETINGS, CHILDREN, PARTIES)
- NOISY (TV, STEREO, TOOLS, CHILDREN, PLAYING, DOGS BARKING)
- MODERATE (NORMAL COMINGS AND GOINGS)
- QUIET (HOMEBODIES, FEW GUESTS)
- OTHER (PLEASE SPECIFY) _____

HOW MUCH TIME WILL YOU GIVE THE FOSTER IF THE PET IS HAVING TROUBLE ADJUSTING TO YOUR HOME? _____

PERSONAL REFERENCE (NOT RELATED)

NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ BEST TIME TO CONTACT _____

PERSONAL PET INFORMATION

HAVE YOU HAD ANY PETS IN THE LAST SEVEN YEARS? YES NO IF YES, PLEASE COMPLETE THE CHART BELOW INCLUDING PAST AND CURRENT

NAME OF PET	BREED	AGE	YEARS OWNED	SPAYED/NEUTERED?		INSIDE/OUTSIDE		WHERE IS PET NOW?	
				YES	NO	INSIDE	OUTSIDE		
				YES	NO		INSIDE	OUTSIDE	
				YES	NO		INSIDE	OUTSIDE	
				YES	NO		INSIDE	OUTSIDE	
				YES	NO		INSIDE	OUTSIDE	
				YES	NO		INSIDE	OUTSIDE	
				YES	NO		INSIDE	OUTSIDE	

PLEASE ESTIMATE % OF TIME
INSIDE AND OUTSIDE

CURRENT OR PAST VETERINARIAN/CLINIC NAME _____

HAVE YOU EVER ADOPTED A RESCUE ANIMAL? YES NO ORGANIZATION NAME _____

IN THE ABSENCE OF THE PRIMARY CAREGIVER, WHO WILL CARE FOR THE PET? _____

HAVE YOU EVER HAD TO SURRENDER OR RE-HOME AN ANIMAL? YES NO IF YES, PLEASE EXPLAIN _____



IF AT ANYTIME AFTER I DETERMINE THAT I NO LONGER WANT (OR AM ABLE) TO FOSTER THE ANIMAL THEN I AGREE TO IMMEDIATELY NOTIFY AND MAKE ARRANGEMENTS TO RETURN THE PET TO CARING HEARTS FOR CANINES.

To return a fostered pet, please call Jennifer Chopping, (516) 971-1873

IN THE EVENT THAT A FOSTER WOULD LIKE TO KEEP THE PET BEING FOSTERED, THE FOSTER MUST NOTIFY CARING HEARTS FOR CANINES IMMEDIATELY. IT IS UP TO CARING HEARTS FOR CANINES TO DECIDE WHETHER OR NOT THE FOSTER CAN KEEP THE PET, AND THE FOSTER MUST COMPLY WITH THE DECISION. IF THE DOG ALREADY HAS A POTENTIAL ADOPTER IT IS THE CHOICE OF CARING HEARTS FOR CANINES TO DETERMINE WHO WILL ADOPT THIS PET.

Please Initial: _____

AS AN APPROVED FOSTER HOME, I WILL ENSURE THAT THE ANIMAL IS SAFE, CARED FOR, PROVIDED FOOD, WATER AND SHELTER. THE FOSTERED ANIMAL WILL NOT BE EXPOSED TO SEVERE OR DANGEROUS WEATHER. THE FOSTERED ANIMAL WILL NOT BE SUBJECT TO ABUSE, NEGLECT OR ANY PERSONS WHO ARE DEEMED DANGEROUS. IF THERE IS A MEDICAL EMERGENCY, I WILL CONTACT CARING HEARTS FOR CANINES IMMEDIATELY.

Please Initial: _____

PLEASE NOTE THAT IT MAY TAKE UP TO A WEEK TO PROCESS YOUR APPLICATION. IF IT APPEARS YOU WOULD BE A GOOD FOSTER OR IF WE NEED ANY CLARIFICATION, WE WILL CONTACT YOU AFTER REVIEWING YOUR APPLICATION.

THANK YOU FOR APPLYING TO FOSTER A RESCUED PET AND FOR SAVING A LIFE!

I HEREBY AGREE TO THE FOREGOING RETURN POLICY AND REPRESENT THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUTHFUL AND ACCURATE.

(Signature) _____ (Date) _____

Applicant: _____
(Print Name)