



# 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? \_\_\_\_\_

# 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 \_\_\_\_\_

WHY DO YOU WANT TO FOSTER?

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IF AT ANY TIME AFTER I DETERMINE THAT I NO LONGER WANT (OR AM ABLE) TO FOSTER \_\_\_\_\_, THEN I AGREE TO IMMEDIATELY NOTIFY AND MAKE ARRANGEMENTS TO RETURN THE PET TO **CARING HEARTS FOR CANINES**.

CARING HEARTS FOR CANINES  
JENNIFER CHOPPING  
PO BOX 1219  
SOUTHERN PINES, NC 28388  
(516) 971-1873  
IDAHOJLJ@AOL.COM

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

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE