



## FOSTERS FOR PETS IN NEED

### FOSTER APPLICATION

Thank you for your interest in serving as a foster for SOS Fosters for Pets in Need. Please complete this application and submit it via email to **sos@sosfostersforpetsinneed.org**. **You must be at least 21 years of age and have the consent of all adults in the household to foster.**

**A. Applicant's Personal Information.** Please tell us a little bit about yourself and the others in your household.

Your name: \_\_\_\_\_

Name(s) of other adults living in your home: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Names and ages of children under 18 living in your home: \_\_\_\_\_

\_\_\_\_\_

Do children frequently visit your home and if so, what is each child's age and relationship to you?

\_\_\_\_\_

Is anyone in your household allergic to animals? \_\_\_\_\_

Your address: \_\_\_\_\_

Your home phone: \_\_\_\_\_

Your cell phone: \_\_\_\_\_ May we contact you by text? \_\_\_\_\_

Your work phone: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Your email address: \_\_\_\_\_ May we contact you by email? \_\_\_\_\_

Your occupation: \_\_\_\_\_ Full- or part-time? \_\_\_\_\_

Occupation of other adults: \_\_\_\_\_ Full- or part-time? \_\_\_\_\_

Name and address of your employer: \_\_\_\_\_

Do you travel frequently? \_\_\_\_\_

Is someone available to care for a pet while you are traveling and if so, who? \_\_\_\_\_

\_\_\_\_\_

Do you own your home and if so, how long have you owned it? \_\_\_\_\_

Do you have a fenced yard and if so, what type of fence and how high is it? \_\_\_\_\_

\_\_\_\_\_

Do you have a gate and if so, do you keep it locked? \_\_\_\_\_

Do you have a swimming pool or body of water on your property? \_\_\_\_\_

Do you have screens on your doors and windows? \_\_\_\_\_

Do you have a doggie door? \_\_\_\_\_

If you were to foster a pet, where would the animal stay when you are not at home? \_\_\_\_\_

\_\_\_\_\_

If you were to foster a pet, where would the animal sleep at night? \_\_\_\_\_

If you are a tenant, please provide contact information for your landlord: \_\_\_\_\_

\_\_\_\_\_

If you are a tenant, do you have a lease and if so, for how long? \_\_\_\_\_

Are there any pet restrictions on your lease and if so, what are they? \_\_\_\_\_

\_\_\_\_\_

**B. Applicant's Past Experience with Pets.** Have you have ever owned a pet that you no longer own? If so, please provide us with the following information:

Type of animal (dog, cat, other): \_\_\_\_\_

Breed: \_\_\_\_\_

How long did this pet live with you? \_\_\_\_\_

Please explain why this pet no longer lives with you:

- Was it lost? If so, under what circumstances? \_\_\_\_\_
- If lost, was the animal microchipped or wearing an ID tag? \_\_\_\_\_
- Was it given away or sold? If so, why? \_\_\_\_\_

- Did it go to a former spouse or partner in a break-up? \_\_\_\_\_
- Did it die? If so, what was the cause of death? \_\_\_\_\_
- Other: \_\_\_\_\_

**C. Pets in Applicant's Household Now.** Please provide the following information about the pets in your household now. If you need to attach another sheet of paper with information about your pets, please do so.

Name:			
Type:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other:
Breed:			
Weight:			
Age:			
Gender:			
Spayed/Neutered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Declawed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Rabies Vaccine:	_____/_____/20____		<input type="checkbox"/> Not Applicable
Other Vaccines:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Registration No.:	<input type="checkbox"/> Not Applicable		
Microchipped:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
HW Preventive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Flea/Tick Control:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Vet's Name:	
Name:	
Type:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	
Weight:	
Age:	
Gender:	
Spayed/Neutered:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Declawed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Rabies Vaccine:	_____ / _____ /20_____ <input type="checkbox"/> Not Applicable
Other Vaccines:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Registration No.:	<input type="checkbox"/> Not Applicable
Microchipped:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
HW Preventive:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Flea/Tick Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Vet's Name:	

**D. Applicant's Fostering Experience.** If you have ever fostered for a rescue group or municipal shelter, please tell us about your experience.

For what rescue group or municipal shelter did you serve as a foster? \_\_\_\_\_

\_\_\_\_\_

When did you last foster for that group or shelter? \_\_\_\_\_

How many times did you foster for that group or shelter? \_\_\_\_\_

What types of animals did you foster? \_\_\_\_\_

\_\_\_\_\_

If you are no longer fostering for that group or shelter, why did you stop? \_\_\_\_\_

\_\_\_\_\_

What did you think of your experience as a foster? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to foster for SOS Fosters for Pets in Need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Applicant's Fostering Preferences.** We will only place a pet in your care if you are comfortable with the animal. **If you have a preference as to the type, breed, size, gender, or age of the animal(s) that you would like to foster, please explain below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. References.** Please provide contact information for at least two personal references. Also, if you have a vet reference, please provide contact information for that person or clinic.

Personal references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vet reference(s): \_\_\_\_\_

\_\_\_\_\_

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**G.    Representations.** I have read and understand this Foster Application and state that:

**Initials**

\_\_\_\_\_ I have answered the questions herein truthfully and to the best of my knowledge.

\_\_\_\_\_ I understand that this application will be used to verify the information herein.

\_\_\_\_\_ I authorize SOS to contact my personal references and vet references, if any, and to question them about my fitness to serve as a foster for SOS.

\_\_\_\_\_ I agree to a home visit to confirm that my home is suitable for fostering an animal.

\_\_\_\_\_ I have never been convicted of a crime involving cruelty to an animal or violence.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date