



Foster Care Program Application

**Applicants must be 18 years of age or older, have health insurance *and* attend a mandatory foster training.
*You will be required to submit a background criminal check.***

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer/School: _____ Full Time Part Time / Grad Undergrad

Work Phone: _____ May we call you at work? Yes No

To help us to determine which foster animal(s) will be most compatible with your home and lifestyle, please answer the following questions as completely and candidly as possible.

Are you willing to spend the time and share the space to properly care for this foster animal? Yes No

Shelter animals have sometimes been in neglectful and/or abusive situations and therefore, may experience difficulty making the transition to a foster home. Are you willing to be patient while the animal adjusts to the new foster home?
 Yes No

Check type of residence: House Condo Apartment Mobile Home Duplex Dormitory

Other: _____ How long have you lived there? _____

Do you rent or own? Rent Own If you rent, does your lease allow pets? Yes No

Landlord Name: _____ Phone: _____

List all members of your household *and* the ages of anyone under 18: _____

How many pets do you currently own? _____ Foster? _____

Have you ever adopted from a shelter before? Which one? When? _____

Please list the pets that you currently own/foster: (Add a page if necessary; include all species, large or small.)

Own or Foster?	Species/Breed	Age	Sex	Spayed/ Neutered?	Can you provide proof that vaccinations are up to date?

Name of your Veterinarian: _____ Phone Number: _____

Over please →

Have you ever cared for: Young Puppies Young Kittens Injured/sick Dog Injured/Sick Cat

Please list any prior experience working with animals: _____

Do you have an area in your house to confine foster animals? Yes No Please describe: _____

Do you have a fenced yard? Yes No Fence type _____ Height _____

Where will the animal(s) be kept during the day?(be specific) _____

Where will the animal(s) be kept at night?(be specific) _____

Where will the animal(s) be kept while you are home?(be specific) _____

How many hours will you be away from the home, or how many hours will the animal be left alone?

Why do you think you would be a good foster home? _____

Fostering infant animals, litters, or animals recovering from illness requires a time commitment of 1-8 weeks or more.

How many consecutive weeks are you prepared to care for fosters? _____

Would you object to having someone from PARL check in on the fostered animals in your care from time to time?

Yes No

Would you be able to bring the animal to League events to promote the animal's adoption? Yes No

I am interested in providing foster care for:			
<i>(Please mark all that apply.)</i>			
	Dogs	Cats	Other
Mother with a nursing litter			
Newborns requiring bottle feeding			
Young, self-feeding			
Injured or sick			
Adult			
More than one adult			
Needs socialization/training			
Behavioral problems			

Please provide two references (one Veterinarian and one non-family member):

Name _____ Relation _____ Phone _____

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I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. The Providence Animal Rescue League reserves the right to refuse any foster care applicant.

Signature _____ Date _____

*This application is the sole property of PARL and will be kept on file.
All volunteers are accepted and serve per the approval of the Executive Director.*