

Carl W. Nelson Animal Shelter



Foster Care Application

Personal Data

NAME:	Date:
Address:	Work Phone:
City/ Zip Code:	Work Hours:
Home Phone:	Employer:
Email:	Preferred method of communication (please circle) Email Home phone Work phone other _____

Household Information

Do you currently rent or own? (please circle) RENT OWN	If you rent, please provide your landlord's name and phone number.
How many people live in your household?	Is everyone in your household aware that you are interested in fostering animals? YES NO
Are there children in the household? YES NO If yes, how many? _____ How old? _____ Have they lived with animals before? YES NO	Does anyone in the household have allergies? YES NO If yes, how do they intend to cope with their symptoms?
Do you have a fenced in yard? YES NO	Do you have secure screens on your windows? YES NO

Current Pet Information

Animal's name	Species	Age	Sex (Spayed or Neutered?)	Health	Temperament

Please explain what types of pets you have owned in the past and what happened to them:

Name of your veterinarian/clinic and phone number:

Are your pets current on their rabies and distemper vaccinations?

YES NO UNSURE

How do your pets react towards new animals?

How do your pets react in stressful situations, such as a change in their daily routine? _____

Foster Care Information

Do you have the ability to isolate the fostered animal in a separate room if needed? YES NO UNSURE

How many hours can you devote to foster care?

If yes, please describe:

During the day? _____ Evenings _____

Weekends? _____

Do you travel? YES NO

What pet supplies do you have available? (please circle)

If yes, how often?

LITTER TOYS FOOD DISHES

BEDDING LITTERBOXES OTHER

Please list any animal handling experience you have that specifically involves medical care, socialization, training, and weaning. _____

What are your feelings about euthanasia of homeless animals for health or temperament problems?

Fostering Areas (please mark those of interest)

Cats	Dogs
___ Upper Respiratory Infection cats or kittens.	___ Puppies too young to fit adoption criteria.
___ Kittens too young to fit adoption criteria.	___ Under socialized puppies.
___ Moms and kittens.	___ Moms and puppies.
___ Injured and recovering cats.	___ Injured and recovering dogs.
___ Under socialized kittens.	___ Under socialized adult dogs.
Other species?	

What animals or situations are you most interested in fostering?: _____

Are you comfortable giving an animal medication if needed? _____

Please list days of the week and times that would work best for you to have a trained volunteer come to your home for the required home visit prior to being approved as a foster home. _____

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering pets. I understand that CWN has the right to deny my request to foster animals for any situation that would be contrary to the society's policies, in violation of state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by your agency.

Signature _____ Date _____

Drivers license or other formal ID _____ Date of Birth _____

All information contained in this application will remain confidential and property of the Carl W. Nelson Animal Shelter.

After your housing and veterinary references have been checked the Foster Coordinator will get in touch with you by the preferred method of communication you listed. Please be patient.

*******For Office Use Only*******

Housing Verified YES NO Comments _____

Landlord Approval YES NO Comments _____

CWN Records Checked YES NO Comments _____

Veterinary Reference Checked YES NO Comments _____

Interview Comments _____

Approval YES NO Comments _____