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For the Love of Poodles

FLOPRVA.org

Foster Coordinator email: crafostermom@gmail.com

FOSTER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Age _____

1. Do you Own Rent your home? (If leasing to own, please circle "rent")
2. Do you currently live in a: House Apartment Condo Mobile Home Other _____
3. If you rent (or lease to own) please list the name and phone number of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment, or park manager:

Name _____ Phone # _____

4. Are you a permanent or seasonal resident? _____

5. What types of pets do you currently have in your household?

Name _____ Dog/Cat? _____ Male/Female? _____ Spayed/Neutered? _____ Date of last Vaccination? _____ How long owned? _____

6. What other animals have you owned in the past? _____ What happened to them? _____

7. Have you ever surrendered an animal to a shelter or animal control facility? Yes No

If yes, please describe the circumstances _____

8. Who is your veterinarian or Vet Clinic? _____ Phone _____

9. How many adults live in household? _____ Children? _____ Ages of Children _____

10. Does anyone in your household have known allergies to animals? Yes or No

If yes, please explain: _____

Fostering preferences

Puppy _____ Dog _____ Age Preferred _____

Will you foster a previously abused animal? _____

Will you foster an animal that has medical problems? _____

Will you foster an animal known to have a biting problem? _____

Will you agree to bathe/groom a foster? _____

Other preferences for fostering (keep in mind that it is rare to find a rescue dog that is completely house trained) _____

Fostering Experience Fostering Experience

Have you ever fostered an animal before; what: for what group? _____

Occupation

If you work outside the home, what hours do you work? _____

Do you have the time to offer these needy animals the extra attention and love required for their adjustment prior to adoption? Yes _____ No _____

Where will the animal be kept when you are not at home? _____

Medical Appointments

Will you be able to get your foster animal to medical appointments as scheduled? Every effort will be made to accommodate your schedule. _____

Adoption Events

Will you be able to get your foster animal to adoption events (usually one time per month for a couple of hours)? _____

Thank you for your interest in fostering. We will process your application and notify you as soon as possible. We are a small rescue so please be patient.