

**PANTRY FOUR PAWS
FOSTER CARE APPLICATION**

Name: _____
(please print)

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Number of adults in home: _____ Number of children in home and their ages: _____

What type of home do you live in? House Apartment Condo Trailer Townhouse

Do you rent or own? Own Rent

If renting, do you have your landlord's permission to have an animal? Yes No

When are you available to start fostering? _____

Would you be willing to allow a scheduled home visit prior to and/or after the foster process? Yes No

Is anyone in your home allergic to animals? Yes No

Do you currently own other pets? Yes No

Current Pets – List all pets currently in your household

<u>Type of Pet</u>	<u>Spayed or Neutered?</u>		<u>Vaccinations Current?</u>	
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Veterinary Reference: Name of Clinic: _____ Phone: _____

How much time can you dedicate to foster care? _____

Can you foster the animal until it finds its permanent home? Yes No

Do you work? Yes No Full time Part time

Are you home during the day? Yes No How many hours? _____

Are you home in the evening? Yes No How many hours? _____

Do you have access to a vehicle? Yes No

Can you bring the foster animal to the vet for appointments during the day? Yes No

Type of Fostering: Healthy Injured Contagious Mom with kittens Orphaned Kittens (bottle fed) Weaned Kittens

Are you planning a vacation this year? Yes No When? _____ How long? _____

Who will look after the foster animal during your vacation? _____

1. While fostering any animal accepted into this rescue, all food, litter, supplies, veterinary treatments and medications for the animal will be provided by Pantry Four Paws.
2. You must note and report any changes in the behaviour or health status of the animal you are fostering and contact Pantry Four Paws immediately if there is a problem, injury or illness.
3. Any and all information pertaining to the operation of, or animals in the control of Pantry Four Paws is not to be disclosed to any unauthorized individual(s) without prior permission from Pantry Four Paws. This also includes any personal or confidential information regarding any individual involved with the rescue,
4. If at any time you can no longer continue fostering the animal you have, you must notify us immediately and allow us a reasonable amount of time to pick up the animal and their supplies.

DECLARATION:

I warrant and confirm that the information given in this application form is true and correct and I understand that it is being used to determine my compatibility and responsibility for the animal.

I understand that Pantry Four Paws reserves the right to refuse any applicant for any reason.

I understand that all fostered cats and kittens must be kept indoors at all times.

I agree to the above Pantry Four Paws Animal Rescue fostering terms.

Date: _____ Signature: _____