



FRIENDS WITH FOUR PAWS (FWFP)

P.O. Box 852128
Yukon, OK 73085-2128

Foster Application

Date received _____
Employee _____
Approved? Yes No

Procedures:

- Please be aware that a waiting period may be required prior to the approval of an application and / or taking the foster animal home
- Friends with Four Paws reserves the right to match the right foster pet with the best home
- Friends with Four Paws reserves the right to approve or deny any application for any reason
- Friends with Four Paws reserves the right to remove a pet from a foster for any reason at any time

Name: _____

Current Address: _____

City _____ State _____ Zip _____ Apt _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ work phone # _____

Alternate contact: _____

Phone Number Alternate Contact: _____

Permanent mailing address _____ City _____ Zip _____

Do you currently: Rent ___ Own ___ other ___ how long have you lived here? _____

For renters: Name of Complex and Landlord / Manager: _____/_____

-Contact Number: _____ Are pet's allowed? ___ Is there a fee? YES / NO. Is the fee/deposit paid? ___

Number of Adults in your household: _____ Children? _____ Ages: _____

Your occupation: _____ Employer: _____

If you are not employed please let us know what resources you have for food and shelter for this foster (vet care is paid for by FWFP)

1 Are you a full or part time student? ___ Name of School: _____

FWFP Foster Application (cont)

1. The foster pet will stay Indoors _____% of time Outside _____% of time
2. Do you anticipate the foster pet being alone for any extended periods of time each day?
YES / NO. Where will it be kept while alone? _____
3. Do you have a fenced yard? _____ type of fencing _____
4. Name of your present veterinarian: _____
Clinic Name: _____ Phone _____
5. Are all of your pets current on their vaccinations? Yes _____ No _____
6. Are you aware that many insurance companies and apartment complexes do not allow all breeds of animal? YES / NO (FWFP may require a copy of you renters agreement, if applicable)
7. Is anyone in your home allergic to pets? YES / NO. If yes, are they/you prepared to treat these allergies and at your cost - YES / NO
8. Are you aware heartworm disease is common in dogs and cats? YES NO
9. Will you be able to cover the cost and administer heartworm medication to the foster dog each month along with your own pet(s)? YES NO
10.
 - _____ I understand that finding a forever home may take months and I am willing to foster this animal for possibly more than six months
 - _____ I am in physical condition to accept fostering dogs and I / my family can emotionally let go when a forever home is found for the pet I / my family will foster
11. I have concerns/ would like more information on the following potential foster animals (circle all that apply) - SIZE - TEMPERAMENT - HAIR - OBEDIENCE - ENERGY LEVEL - HOUSEBREAKING - OTHER _____
12. How will you keep the foster dog/cat confined to your property? (check all that apply) ___ in house, ___ on chain, ___ kennel, ___ fenced yard, ___ on leash, ___ in garage, ___ patio, ___ other.
13. I believe the foster(s) I chose animal will cost about (circle one) per month to foster ___ \$10, ___\$20, ___\$50, ___\$75, ___ \$100.
14. I WILL NOT TAKE the animal to the vet without prior approval of FWFP board or staff and I will keep the FWFP contact info where it is accessible to me at all times.

Please List others living in your home:

Spouse / Children/ Roommate Name(s)	Contact Phone # if applicable

FWFP Foster Application (cont)

	No	Yes	How Many?	Why or How?
Have you turned any animals into the Shelter in the past 5 years?				
Have you had any pets pass away or disappear in the past 5 years?				
If you have no pets, have you ever cared for pets in the past?				

Please list all cats or dogs currently cared for **in your household**: Mark form if it is a cat or dog, male or female, and whether it is indoor or outdoor. Please fill in age and whether it is sterilized and on heartworm preventative medication.

Name	Dog Breed	Cat Breed	Age	Sex	Vaccinated	Sterilized	Heartworm Prevention	Indoor / Outdoor

Additional Questions/ Issues you would like information on:

Would you be willing to volunteer your time with other rescue efforts? If so, what are you interested in

How did you hear of Friends with Four Paws?? _____

I verify that all the above information is true and correct. I understand that if any information provided by me is false or inaccurate I will not be eligible to foster with FWFP now, or at any time in the future. FWFP may also use any photograph(s) taken of me with the pet I have adopted in their newsletter, brochures, and website or any other media. I understand that the foster pet is not my legal property. Any and all foster pets will be sterilized (date to be determined by FWFP NOT private veterinary preference) and the animal is vaccinated for rabies (must be vaccinated by 16 weeks). I am responsible for food, and any "extras" I choose to purchase. FWFP is responsible for all veterinary care.

Signature

Date

