

# FOSTER PROGRAM APPLICATION



## OFFICE USE:

D/O \_\_\_\_\_

ID NUMBER \_\_\_\_\_

### APPLICANT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License Number \_\_\_\_\_ ST \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Personal Reference #1 (Name and ph#) \_\_\_\_\_

Personal Reference #2 (Name and ph #) \_\_\_\_\_

Personal Reference #3 (Name and ph #) \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain \_\_\_\_\_

Have you ever or are you currently involved with the breeding of animals? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain \_\_\_\_\_

### HOUSEHOLD INFORMATION

How many total other people live in your household?

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Is everyone in the house in favor of fostering? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain \_\_\_\_\_

Does anyone in the household have pet allergies? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, list who & to what? \_\_\_\_\_

Do you live in a(n): \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ House: \_\_\_\_\_ Own \_\_\_\_\_ Rent

If you rent, provide landlord's name and contact number \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, list height \_\_\_\_\_

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## FOSTER HISTORY/EXPERIENCE

Have you ever fostered animals before? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, provide details \_\_\_\_\_

List any experience you have had with animals that would be helpful in fostering? \_\_\_\_\_

What types of animals are you interested in fostering? Please check all that apply.

\_\_\_\_\_ Cats with litters \_\_\_\_\_ Kittens only \_\_\_\_\_ Cats with minor health issues/mild behavioral problems

\_\_\_\_\_ Dogs with litters \_\_\_\_\_ Puppies only \_\_\_\_\_ Dogs with minor health issues/mild behavioral problems

\_\_\_\_\_ Adopted dogs and/or cats that need lodging prior to S/N surgery (a week max) \_\_\_\_\_ Other: \_\_\_\_\_

Will you be able to keep the foster animal(s) separated from your pets if necessary? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, how \_\_\_\_\_

Where do you plan to house your foster animal(s)? \_\_\_\_\_

How many hours a day will the foster animal (s) be unsupervised? \_\_\_\_\_

How will you find your foster animal if it becomes lost? \_\_\_\_\_

Why would you like to become a Foster Home? \_\_\_\_\_

## PET HISTORY/INFORMATION

What pets have you had in the past? \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other: \_\_\_\_\_

If dogs, what breeds were they? \_\_\_\_\_

Where are they now? \_\_\_\_\_

How many total pets do you have in your household now? \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other

Are they all currently licensed? \_\_\_\_\_ No \_\_\_\_\_ Yes, must provide a copy of license

Are they all current on their vaccinations? \_\_\_\_\_ No \_\_\_\_\_ Yes, must provide a copy of vaccinations

**DOGS:** Where are the dogs kept? \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

**CATS:** Where are the cats kept? \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

Name \_\_\_\_\_ M/F Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Neutered Y/N

Are any of the cats declawed? \_\_\_\_\_ Yes \_\_\_\_\_ No

## ACKNOWLEDGEMENT/INDEMNIFICATION

Please initial the following statements, acknowledging that you understand.

\_\_\_\_ I understand that some animals will not survive or may require humane euthanasia and that this decision is at the sole discretion of the PVAC/PAWS Staff.

\_\_\_\_ I understand that anyone interested in adopting your foster animals (including you) must go through the standard adoption process, and the approval of candidate or placement of the animals is up to the PVAC/PAWS Staff.

\_\_\_\_ I understand PVAC/PAWS will require me to follow all ordinances for the city in which I reside with regard to the maximum number of animals a household is allowed.

I have answered the above questions truthfully and completely. I understand that although Palm Valley Animal Center/The Laurie P. Andrews PAWS Center takes reasonable care to screen animals for foster placement, it makes no guarantee relating to the health, behavior, or actions of the animal while under my care. I understand that I receive foster animals at my own risk and can reject or return any animals that Palm Valley Animal Center/The Laurie P. Andrews PAWS Center has asked me to foster.

I indemnify and hold harmless Palm Valley Animal Center/The Laurie P. Andrews PAWS Center from all liability arising out of any and all claims, demands, losses, damages, action, judgments of every kind which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Palm Valley Animal Center**

2501 W Trenton Road - Edinburg, TX 78539  
956-686-1141, 24  
Facebook @pvacFOSTER  
Instagram @pvacTX  
Twitter @pvacTX

### **The Laurie P. Andrews PAWS Center**

2451 N US Expressway 281 - Edinburg, TX 78541  
956-720-4563, 227  
Facebook @lpaPAWS  
Instagram @lpaPAWS  
Twitter @lpaPAWS

Website: [www.pvaconline.com/FOSTER](http://www.pvaconline.com/FOSTER)