

APPLICATION TO FOSTER A SHELTER PET

Name _____

Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____ Email _____

Best time to call _____

Do you ___rent or ___own your home?

If you rent we need to contact your Landlord or property manager. Please give their name, address, and phone number _____

Please list the names and ages of ALL household members. Also, please circle the primary caretaker.

Please list all animals you have in your home, outdoors, and livestock. How do they respond to other animals? _____

Where will your foster animal spend most of its time? _____

Where will the animal sleep? _____

(If you have pets) Name and number of your veterinarian _____

Are you able to help with the cost of the pets care? ___YES ___NO

Give a brief overview of your experience with dogs and/or cats _____

How much time do you have to Foster?	
<i>Number of Weeks:</i>	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> 3-6 weeks <input type="checkbox"/> 6-9 weeks
<i>Hours per Day:</i>	<input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours
<i>I am more flexible, I can most likely be a foster parent until a more permanent home is found for the animal:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued on reverse...

*Type(s) of Foster Animal you would be interested in:	Weeks Involved:	Minimum Daily Hours:
You must select <i>at least one</i> of the following options:		
<input type="checkbox"/> Healthy Cats (overflow situations)	2-3 weeks	1-2 hours
<input type="checkbox"/> Cats with illness	3-6 weeks	1-2 hours
<input type="checkbox"/> Cats with injury	2-3 weeks	1-2 hours
<input type="checkbox"/> Kittens with Mom	2-9 weeks	2-3 hours
<input type="checkbox"/> Orphaned Kittens (Bottle Fed)	6-9 weeks	6-8 hours
<input type="checkbox"/> Weaned Kittens (On Solid Food)	1-5 weeks	2-4 hours
<input type="checkbox"/> Healthy Dogs (Sm/Med/Lrg) (rarely happens)	1-2 weeks	1-3 hours
<input type="checkbox"/> Dogs with illness	1-2 weeks	1-3 hours
<input type="checkbox"/> Dogs with injury	1-2 weeks	1-3 hours
<input type="checkbox"/> Puppies with Mom	2-8 weeks	3-4 hours
<input type="checkbox"/> Dogs with Behavior Problems	1-3 weeks	2-3 hours
<input type="checkbox"/> Orphaned Puppies (Bottle Fed)	6-8 weeks	6-8 hours

Thank you for submitting your Foster Home Application. In order to become a foster volunteer you must be in compliance with County Ordinances and State Laws that pertain to animals (information can be found at www.co.jackson.or.us/Page.asp?NavID=111.) This means your dogs must be licensed, and your animal history/background will be checked. Once the application has passed our careful screening process, a volunteer will contact you to schedule a home inspection.

I have read the above information and have answered the questions truthfully and completely. I understand that until all requirements for fostering have been completed I am not an approved foster parent.

Signature _____ Date _____

Send application to FOTAS/JCAC Foster Program PO Box 92 Ashland, OR 97520

For Office Use Only				
License/Violation Verification	Date _____	By _____	Pass	Fail
Reason for Fail _____				