



## PAWS Foster Application

PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_

### Foster Identification

<b>Name:</b>	<b>Email:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Primary Phone:</b>	<b>Secondary Phone:</b>
<b>Occupation:</b>	<b>Company Name:</b>
<b>Drivers License #:</b>	<b>Date of Birth:</b>

### Foster History

<b>Have you ever fostered before?: Yes No</b>	<b>If so, for which organization?:</b>
<b>What were the circumstances?: Medical Shelter Space Foster to Adopt Unweaned</b>	
<b>Would you be willing to take this pet to adoption events?: Yes No</b>	
<b>Would you feel comfortable administering medication if necessary?: Yes No</b>	

### Current Pets

Type of Animal	Name	Male/Female	Altered Y/N	Inside/Outside	Age	Years Owned

**Are all pets in the home up to date on all vaccinations?: Yes No (proof is required)**

**Are all pets on flea AND heartworm prevention?: Yes No What kind?:**

### Pet History

Type of Animal	Name	Male/Female	Altered Y/N	How Did You Get The Animal?	Years Owned	What Happened to the Animal?

### Foster Preparedness

<b>Do you: Rent? Own?</b>	<b>If renting: Apt House Condo Duplex Mobile/Court</b>
<b>If renting, are pets allowed?: Yes No</b>	<b>Landlord: Phone:</b>
<b>Fenced Yard?: Yes No</b>	<b>How High?: What Type?:</b>

<b>Current Veterinarian/Clinic:</b>		<b>Phone:</b>	
<b>Is anyone home during the day?: Yes No</b>	<b>If so, who?:</b>	<b>List ages of children:</b>	
<b>Does anyone in the home have allergies?: Yes No</b>	<b>If so, what kind?:</b>		

**If you live on a military base, the following breeds are restricted:**  
**Chow, Doberman Pincher, Akita, Pit Bull, American Staffordshire Terrier, Rottweiler, American Bulldog, and any mix breed including the above breeds.**

<b>Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
<b>PAWS Representative Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>

**Approved: Y N**