

Application to Foster a Pet

Name:		Date:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Home Address:		Apt. #
City:	State:	Zip:

Have you ever fostered an animal before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide type of foster (dog, cat, etc.) and the organization for which you fostered:	

What type(s) of animals are you willing to foster?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
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What age pet will you consider fostering?	<input type="checkbox"/> Baby <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Do you prefer a male or female pet?	<input type="checkbox"/> Female <input type="checkbox"/> Male
Do you have a size preference?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what is your preference?	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large

Select the traits that are most important to you in a foster animal. (Please check all that apply)			
<input type="checkbox"/>	Good with children	<input type="checkbox"/>	Friendly
<input type="checkbox"/>	Good with dogs	<input type="checkbox"/>	Low energy level
<input type="checkbox"/>	Good with cats	<input type="checkbox"/>	High energy level
<input type="checkbox"/>	Travels well	<input type="checkbox"/>	Will not need obedience training
<input type="checkbox"/>	Housebroken	<input type="checkbox"/>	Special Needs
<input type="checkbox"/>	Other (Please explain)		

Would you consider fostering more than one pet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are there any particular pets you would not want to foster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, please specify:	
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Have you had other pets within the past ten years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name of pet:	Age:	Gender:	Altered?	Declawed?
1.		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Where are they now?
1.
2.
3.

If you currently have pets in you home, will they accept another animal in the house?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are all of your pets current on their vaccines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Why are you interested in fostering an animal?

What are you current living arrangements?	<input type="checkbox"/> House	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Trailer
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How long have you lived at this address?	
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Do you rent or own?	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
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If you rent, please provide contact information for your landlord:
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Name:	Phone:
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Address:	Apt. #
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City:	State:	Zip:
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Do you have a yard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it chemically treated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How big is it?		Is the yard completely fenced in?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of fencing do you have?			

Do you have a pulley cable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate Length:	
Do you have a kennel run?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate dimensions:	

If you do NOT have a fenced yard, cable, or kennel run, how will exercise/toilet be handled?

Names of all ADULTS in the house:	Age:
1.	
2.	
3.	
4.	

Names of all CHILDREN in the house:	Age:
1.	
2.	
3.	
4.	

Does anyone in your house have allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, please specify details:

Does anyone in your house have asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Is anyone home during the day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, who?

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If NO, how many hours a day will the animal be left alone?	
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Where will the animal be kept during the day?	
Where will the animal be kept at night?	
Where will the pet sleep?	

Will you crate the dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If NO, please explain:

Have you participated in obedience training with a dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you plan to train your foster dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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What will you do if your foster pet is destructive?

What is your definition of disciplining an animal? (Please provide examples)

Fostering a homeless pet can be very rewarding, but can also be very difficult when the time comes for them to move on to a permanent home. Foster families will bond with the animals in their care. Have you thought about how you and your family will handle these situations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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How did you hear about The Simon Foundation, Inc.?

Bethlehem, CT 202 Crane Hollow Road Bethlehem, CT 06751	The Simon Foundation, Inc. 203-266-6000 www.thesimonfoundation.org	Bloomfield, CT 89 West Dudley Town Road, Bloomfield, CT 06002-1315
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Foster Agreement

I acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I also hereby state that The Simon Foundation, Inc. is NOT liable for any destruction of my property, or aggressive behavior from a fostered animal. I understand that The Simon Foundation, Inc. evaluates to the best of their ability, to place me with a compatible animal. I understand also, that I must be in control of my own animals at all times and in control of the foster animal.

I agree that if in fact the foster in my residence is not working out and must be removed, to allow adequate time for placement elsewhere (up to 3 weeks). I acknowledge that The Simon Foundation, Inc. will provide me with basic necessities for the foster animals' needs. This includes food, collar, leash (if necessary), and medical costs in the event of an emergency. I understand that an "emergency" does not and will not include irresponsibility on the part of myself.

By checking the "I Agree" box, I accept these TERMS and CONDITIONS: I Agree I Disagree

Signature of Foster Applicant _____
Date

References: Please list two (2) references who are not family members.

1.

Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

2.

Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Please provide a veterinary reference:

Name:	Phone:	
Address:		
City:	State:	Zip: