



P.O. Box 738
 Bealeton, VA 22712
 540-748-8177

FOSTER HOME APPLICATION								
❖ FOSTER APPLICANT INFORMATION								
Name						Age		
Street								
City				State			Zip Code	
Home Phone				Cell Phone				
Email								
Employer				Job Title				
Work Phone				Work Fax				
❖ FOSTER CO-APPLICANT INFORMATION								
Name			Age			Relationship		
Home Phone				Cell Phone				
Email								
Employer				Job Title				
Work Phone				Work Fax				
❖ LIFESTYLE INFORMATION								
Have you been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
What Energy Levels Are You Comfortable With?				<input type="checkbox"/> Low	<input type="checkbox"/> Medium		<input type="checkbox"/> High	
Would You Prefer A Male Or Female?					<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Is Shedding A Concern?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is Noise A Concern?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
I Am Willing To Foster An Animal With Special Needs					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Why Are You Interested In Fostering?								
Are there any animals currently living in your home?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of animal (dog, cat, bird, etc.)	Name	Breed	Sex	Age	Current on vaccinations?	Spayed / neutered?		



Foster Home Application ~ 2 of 3 ~			
What Type Of Property Do You Live In			
Do You Rent Or Own		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
If You Rent Please List Landlord Name			
Landlord Telephone			
Do You Have A Fenced Yard		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type Of Fence		Height of Fence	
How Many Adults Live In Your Household			
How Many Children Live In Your Household			
What Are The Ages Of The Children In Your Household			
Is Anyone Home During The Day		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who Is Home During The Day			
Does Anyone In Your Household Have Allergies		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who Will Be Responsible For Caring For The Foster Pet			
How Will Your Daily Life Change By Fostering			
Where Will Your Foster Pet Be Kept During The Day			
Where Will Your Foster Pet Be Kept During The Night			
How Many Hours Will the Foster Be Alone During The Day			
How And Where Will You Exercise This Animal			
Maximum commitment for Fostering, For example 30, 60, 90 days or indefinite?			
Will This Animal Be Tied Outside During Part Of The Day		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are You Willing To Spend Time Training The Animal		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would You Be Interested In Taking An Obedience Class		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have You Ever Had A Pet Die At An Early Age Due To An Accident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation Of Pet Dying At An Early Age Due To An Accident			



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<i>Foster Home Application</i> ~ 3 of 3 ~					
❖ REFERENCES					
<i>Vet Name</i>					
<i>Street</i>					
<i>City</i>		<i>State</i>		<i>Zip code</i>	
<i>Phone</i>		<i>Cell Phone</i>			
<i>Email</i>					
❖ PERSONAL REFERENCE 1					
<i>Name</i>					
<i>Telephone</i>					
<i>Relationship To Applicant</i>					
❖ PERSONAL REFERENCE 2					
<i>Name</i>					
<i>Telephone</i>					
<i>Relationship To Applicant</i>					
<i>How Did You Hear About Us</i>					
❖ APPLICATION AGREEMENT AND WAIVER					
<p>Paws For Seniors requires that all foster home applications be filled out completely. It is our responsibility and duty to be the advocates for our pets placing them in the best environment, coupled with the best foster homes. We reserve the right to reject any application that in our judgment would not provide the best foster home possible</p> <p>I _____ certify that all information given on this application is true and completed. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.</p>					
<i>Signature</i>				<i>Date</i>	

Submit