



Pulaski Animal Center Foster Care Application Form

By fostering one of our rescued animals, you will be giving this animal the chance to be a part of a loving family and avoid it having to spend unnecessary time in the shelter environment/facility. It also means that our facility may be freed up to rescue another stray currently living on the streets.

I, _____ (name of foster applicant), agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to foster one or more animals through the **Pulaski Animal Center** foster care program.

Initial: _____

Please take your time and answer the following questions carefully. Fostering an animal is a big responsibility for everyone involved and takes time and patience.

Name: _____ Spouse/Partner's Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____

Type of residence: Apartment / House / Other (please detail): _____

I own my home and am permitted to bring an animal or animals into my dwelling. All adults in the home are aware of and have consented to fostering animal(s) for Pulaski Animal Center.

I rent my home and am permitted to bring an animal or animal(s) into my dwelling. My landlord is aware of, and has permitted to, the fostering of animal(s) for Pulaski Animal Center.

Landlord/Complex Name: _____

Landlord/Complex Phone Number: _____

My household is able to foster: (check all that apply)

Cats and Kittens	Dogs and Puppies
<input type="checkbox"/> Orphan/Bottle Kittens: 0-4 weeks of age	<input type="checkbox"/> Orphan/Bottle Puppies: 0-4 weeks of age
<input type="checkbox"/> Orphan Kittens: 4-10 weeks of age	<input type="checkbox"/> Orphan Puppies: 4-10 weeks of age
<input type="checkbox"/> Mothers and nursing kittens	<input type="checkbox"/> Mothers and nursing puppies
<input type="checkbox"/> Adult cat not doing well in the shelter	<input type="checkbox"/> On treatment for Heartworms
<input type="checkbox"/> Adult cat needing socialization	<input type="checkbox"/> Needing behavioral modification
<input type="checkbox"/> Fospice: End of life care	<input type="checkbox"/> Fospice: End of life care

- Number of animals that I can foster: _____
- Dates that I am available to foster (if not long term): _____
- I may consider adopting if the foster experience is a success: Yes / No

Please list all pets currently owned.

Name	Species (cat, dog, other)	Breed(s)	Gender M/F	Spayed/Neutered?	Age	Where Kept: Inside/Outside/Other?

- Are all of your pets up to date on vaccines and flea/tick/heartworm prevention? ____Yes ____ No
 Veterinarian/Clinic Name: _____
 Veterinarian/Clinic Phone Number: _____
- Do any of your current pets have any behavioral issues or animal aggression? _____

- Do you have children? If so, what ages? _____

- Do you have any experience with fostering animals? If so, please list any foster experience, including species (dog/cat) and age (e.g. adult, weaned puppies or kittens, neonates, etc.). Do you have any prior experience with behavioral modification and/or training? _____

- How long will you be able to spend caring for and/or playing with/exercising your foster(s) each day?

- Will your foster(s) be living inside or outside? _____
- Where will your foster(s) be kept during the day? Is anyone home during the day? How many hours per day, on average, will your foster(s) be left alone? _____

- Where will your foster(s) be kept at night? _____

- Do you have a fenced-in yard? If so, what type of fencing do you have? If you do not have a fence, how do you plan to keep your foster(s) contained when they are outdoors? _____

- If your foster is not yet spayed/neutered, how do you plan to prevent unwanted pregnancies? _____

- Have you ever had Parvovirus in your home? Yes / No
- Are you willing to permit a home check prior to fostering? Yes / No

I understand that the Pulaski Animal Center is very concerned about security and safety of my foster animal(s) and all of the animals in its custody, as well as its ability to keep track of all animals rescued. I understand that Pulaski Animal Center will not share this information for any reasons not connected to the foster care program.

Phone will be the primary method of communication from Pulaski Animal Center, so if you do not check your phone regularly, please inform us how to best get in touch with you. _____

- I understand that a Pulaski Animal Center representative may visit my home for a home inspection prior to foster application approval.
Initial: _____
- I understand that the animal(s) that I am fostering are the property of Pulaski Animal Center and the foster will not be involved in selecting the adoptive family.
Initial: _____
- I understand that I am required to bring the foster animal(s) back to Pulaski Animal Center for veterinary care and adoption days, as requested by a Pulaski Animal Center representative.
Initial: _____

I have read this application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful.

Signature

Date

Print name

For Pulaski Animal Center Use Only:

This application has been: Approved Denied Explanation: _____

PAC Representative Signature: _____ Date: _____