Paws and Tails Adoptions - Foster Application

PLEASE NOTE: Paws and Tails adoptions will not reimburse you for damages or cost associated with fostering. We will provide necessary supplies and vet care for the foster animal(s) through our organization.



CONTACT INFORMATION

Filmary losters frame (including findule	•	Age:
Home #:	Cell #:	
E-mail:		
Co-applicant's name (including middle	name):	
	Age:	Relationship:
E-mail:		
Address:		Appt #:
City, Province:# of Adults in the household:# of		Postal code:
Has anyone in the household ever been	committed of dom	estic battery, animal cruelty or a
violent crime? Yes: No:		
If yes, please provide details:		
Are you willing to let a Paws and Tails re	epresentative do a	home check before, during or after
fostering? Yes: No:		
Does everyone in the household wish to	o foste ? Yes: N	No:
HOUSING Do you? Own: Rent: Live with representation Do you live in a? House: Apartment How long at this current address? : If you rent please provide landlord contains.	t:Other:	
AVAILABILITY		
How often do you travel?:	footor when are w	ou quailable to factor?
What kind of notice do you need to take	toster, when are yo	ou available to foster?:
Do you have your own transportation? It to be transported to and from the vet an		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Does applicant? Work full time: Does co-applicant? Work full time:		Attend school: Retired: Attend school: Retired:

If yes, who? Where will the for Where will the for Where will the for Will your foster b	ster be when you're I ster be when you're I ster be when you're I e generally kept: Insi will your foster be ou	lf nome?: not home? asleep?: de Out	no ho	w many hou	rs will the cat be alone?
Туре	Breed/Size	Gender	Age	Spay/ Neuter?	If you don't still own them what happened?
Please answer t		\		10 11	
· · · · · · · · · · · · · · · · · · ·	dogs?: Indoor: C	-			
•	cats?: Indoor: C				
checks?	ast and present) up to	date on a	Illiuai	vaccines, de	ewormings and ver
	ret and their contact of	totaile (wo	may h	o contacting	thom to confirm)
vour v	et and their contact t	details (we	illay D	e contacting	
Have you ever gi	ven up a pet? If so, v	vhat were	the circ	cumstances	?
Have you ever ac	dopted from a rescue	in the pas	st? If so	what, resc	ue?
Have you ever be	een denied for adopti	on? If so,	why? _		
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FOSTERING

Please write 0 If you would not foster or a number as to how many you would foster (ex.: 2- 0 to 6 month old guinea pigs)

	0-12 weeks	12 wks- 6mths	6mths -2yrs	2yrs -9yrs	Senior
Cats					
Small dogs					
Medium dogs					
Large dogs					
Rabbits					
Guinea pigs					
Please list the behavioural issues you WOULD NOT be willing to deal with:					
Please list the medical issues you would or would not be willing to deal with:					
Why would you like to Foster? What are you looking for in a foster? Does it need to be good with other animals, kids or seniors? :					

REFERENCES

Please list 3 references (good references would be: fellow pet owners, members of the animal care industry, vets, groomers, and neighbours) Preferably NOT friends or family

Name	Relationship	Phone number		
By signing below, I certify that all the information provided on this application is true and I understand that false information will result in losing foster privileges. I understand that the foster process may be delayed by the verification of this information. I acknowledge that Paws and Tails works to pair both fosters and pets, therefore applications are carefully verified and paws and tails will choose the foster they deem most compatible. For this reason this application may be denied at their discretion. I acknowledge that all foster animals are property of PAWS and TAILS and they must be returned immediately upon request.				
	Signature:	Date:		
Applicant				
Co-applicant				
FOR OFFICE USE ONLY:				