



# **Pope Memorial Humane Society**

**Cocheco Valley**

**FOSTER CARE APPLICATION**

**2019**

Thank you for your interest in becoming a foster parent. Please complete the following application in order for us to make the most informed decisions about the animal(s) that may be placed in your care. This information will help us to ensure a positive experience for both you and your foster animal(s).

In order to be considered to become a foster care parent, applicants must:

- Be 21 years of age or older.
- Have the consent of all adults living in the household
- Have landlord consent to have the animal(s) on the property (if applicable)
- Have any cats, dogs, and/or ferrets in the home up to date on a rabies vaccine
- Agree to a foster care home visit

Name of Applicant: \_\_\_\_\_

Co- Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  Call  Text  Email

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## HOUSEHOLD INFORMATION

Residence:  House  Condo  Apartment  Other: \_\_\_\_\_

Do you own or rent the property?  Rent  Own

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where will your foster (s) be kept when you are home? \_\_\_\_\_

Where will your foster(s) be kept when you are not home? \_\_\_\_\_

Where will your foster(s) be kept at night? \_\_\_\_\_

How many hours per day will your foster(s) be alone? \_\_\_\_\_

Do you have a separate room available for your foster(s)?  Yes  No

What is the average noise level at your home?  Low  Medium  High

Are there any children in your household on a regular basis?  Yes  N

If yes, what ages? \_\_\_\_\_

List of all people living in the house and/or who would have regular contact with any foster animals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do any members of the household have relevant allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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## ANIMAL PREFERENCES

What type of animal(s) are you interested in fostering? *Please check all that apply*

\_\_\_\_\_ Pregnant cat

\_\_\_\_\_ Pregnant dog

\_\_\_\_\_ Mother cat with litter of kittens

\_\_\_\_\_ Mother dog with litter of puppies

\_\_\_\_\_ Sick /injured/recuperating cat

\_\_\_\_\_ Sick/ injured/ recuperating dog

\_\_\_\_\_ Cat with socialization needs

\_\_\_\_\_ Dog with behavior/training needs

\_\_\_\_\_ Hospice cat

\_\_\_\_\_ Hospice dog

\_\_\_\_\_ Rabbits or other small animal

Do you have any restrictions on the type of animals you can foster (size, breed, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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Have you ever fostered animals before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your foster experience:

Animal: \_\_\_\_\_ Reason For Foster: \_\_\_\_\_ Which Shelter? \_\_\_\_\_

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## CURRENTLY OWNED PETS

<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
<b>Name:</b>	<b>Type:</b>	<b>Breed:</b>
<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
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<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>
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<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
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<b>Gender:</b> <i>Male</i> <i>Female</i>	<b>Spayed/Neutered:</b> <i>Yes</i> <i>No</i>	<b>If no, why?</b>
<b>Is this animal current on vaccines?</b> <i>Yes</i> <i>No</i>		<b>If no, why?</b>

Veterinarian/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's name on records: \_\_\_\_\_

## ADDITIONAL EXPERIENCE

Have you ever housetrained a dog?  Yes  No

Have you ever crate trained a dog?  Yes  No

Have you ever been involved in the birth of an animal?  Yes  No

Are you experienced with any specific medical conditions?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you experiences with dogs with behavioral issues?  Yes  No

If yes, please explain: \_\_\_\_\_

Is there any other information you think is relevant for us to know that pertains to your experience as a potential foster?

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# AVAILABILITY/COMMITMENT

Are you able to bring foster animals to regular check-ups with our veterinary staff during open shelter operating hours? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to bring foster animals to offsite local locations for meet and greets with potential adopters? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to send regular updates and photos to assist in promoting the adoption of a foster animal? \_\_\_\_ Yes \_\_\_\_ No

**If you have any questions, feel free to contact:**

**Shelter Phone Number | (603) 749-5322**

**Nikole D'Alessandro | Adoption & Foster Supervisor | ndalessandro@popememorialcvhs.org**

**Tracie Winslow | Shelter & Medical Manager | twinslow@popememorialcvhs.org**

*I understand a Shelter representative may need to visit my home for a home inspection before my foster application is fully approved. All statements contained in this document are made by me, and are truthful. I authorize Pope Memorial Humane Society to contact veterinarians and landlords to investigate all statements in this application.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*For Office Use Only\*\***

<b>Identification</b>	<b>ID Type:</b>	<b>ID Number:</b>	<b>DOB:</b>
<b>Housing</b>	<b>Proof of Owner:</b>	<b>Landlord Approval:</b>	<b>Restrictions:</b>
<b>Shelter Buddy:</b>	<b>Not In System:</b>	<b>In System:</b>	<b>Reason:</b>
<b>Vet Check</b>	<b>Animals UTD:</b>	<b>Animals Not UTD:</b>	<b>Reason:</b>
<b>Home Check</b>	<b>Approved:</b>	<b>Denied:</b>	<b>Date of Inspection:</b>
<b>Final Approval</b>	<b>Approved:</b>	<b>Denied:</b>	<b>Date of Approval:</b>
<b>Comments:</b>			