



PAWS Foster Application

PLEASE PRINT CLEARLY

DATE: _____

Foster Identification

Name:	Email:
Address:	City, State, Zip:
Primary Phone:	Secondary Phone:
Occupation:	Company Name:
Drivers License #:	Date of Birth:

Foster History

Have you ever fostered before?: Yes No	If so, for which organization?:
What were the circumstances?: Adopt Unweaned	Medical Shelter Space Foster to
Would you be willing to take this pet to adoption events?: No	Yes
Would you feel comfortable administering medication if necessary?: Yes No	

Current Pets

Type of Animal	Name	Male/Female	Altered Y/N	Inside/Outside	Age	Years Owned

Are all pets in the home up to date on all vaccinations?: Yes No
(proof is required)

Are all pets on flea AND heartworm prevention?: Yes No What kind?:

Pet History

Type of Animal	Name	Male/Female	Altered Y/N	How Did You Get The Animal?	Years Owned	What Happened to the Animal?

Foster Preparedness

Do you: Rent? Own?	If renting: Apt House Condo Duplex Mobile/Court		
If renting, are pets allowed?: Yes No	Landlord:	Phone:	
Fenced Yard?: Yes No	How High?:	What Type?:	
Current Veterinarian/Clinic:		Phone:	
Is anyone home during the day?: Yes No	If so, who?:	List ages of children:	
Does anyone in the home have allergies?: Yes No		If so, what kind?:	

If you live on a military base, the following breeds are restricted:

Chow, Doberman Pincher, Akita, Pit Bull, American Staffordshire Terrier, Rottweiler, American Bulldog, and any mix breed including the above breeds.

Signature:	Printed Name:	Date:
PAWS Representative Signature:	Printed Name:	Date:

Approved: Y N