

Applicant's Name: _____



FRIENDS OF ATTLEBORO ANIMAL SHELTER
Pond Street North, Attleboro, MA 02703
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www.FAASPets.org

FOSTER APPLICATION

Name: _____ Home _____
Phone: _____
Address: _____ Cell: _____
City: _____ E-mail: _____
State: _____ Zip: _____

What is your experience level as a pet owner?

Beginner – Just learning Novice – Know the basics Experienced – Know it all

I am willing to foster: Dogs Cats (check all that apply)

Age: No Preference Pregnant Mothers Nursing Mom & Kittens/pups
 Kittens/pups-Weaned Kittens/pups-Not Weaned Juveniles Adults

Sex: Male Female No Preference

Origin: Feral cat (>6 months) Surrenders Shelter Cat/Dog No Preference

Condition: Special Needs: Physical Special Needs: Medical Senior Cat
 Needs a calm place (fearful) Needs socialization (aggressive / non-combative)
 No Preference Other:

Other:

Have you ever administered medication to a cat or dog? Yes No

If **YES**, are you comfortable doing this? Yes No

Have you ever trimmed a cat or dog's nails? Yes No

If **YES**, are you comfortable doing this? Yes No

Describe any special experience you have had with cats/dogs and

kittens/pups: I am familiar with:

weaning kittens/pups bottle feeding kittens/pups giving medications

care of special needs cats/dogs (describe):

I have veterinarian/nursing or medical experience: Yes No

If **YES**, describe: _____

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Describe your home:

Are there other animals in your home? Yes No If **NO**, when was the last time you had any animals, what type, how many, and where are they now?

Dogs? How Many/Age(s) _____ Cats? How Many/Age(s) _____
 Rabbits? How Many/Age(s) _____ Ferrets? How Many/Age(s) _____
 Other? _____

Are all animals up to date with their shots? Yes No

Vet's Name/Phone number: _____

Do all animals see the same veterinarian? Yes No

Number of family members in the home: _____

Men: _____ Women: _____ Children: _____ Children's Ages: _____

Have your children been around pets?: Yes No

Do you: Rent Own Live _____

Is residence a: Home Apartment Condo

If you rent please provide your Landlord's name and phone #: _____

Fostering Expectations and Responsibilities:

Please read this section carefully before signing:

I understand and agree that:

- All animas(s) in foster homes are ultimately in the custody of FAAS.
- Veterinary care will be provided by FAAS, through the shelter veterinarian, Central Avenue Vet Clinic.
- With advance notification, foster parents will work with FAAS to get their foster animal(s) to the veterinarian on time for routine medical care.
- All veterinary care will be scheduled by a designated member of FAAS and foster parents will be kept informed of when medical care is required.
- Foster animal(s) must remain at the dwelling of the foster parent at all times except for transportation to and from the shelter or veterinary clinic.
- In cases of medical emergencies, foster parents will contact the Feline/Canine Care Coordinator or Foster Care Coordinator for approval prior to bringing foster animal(s) to an emergency care facility or the shelter veterinarian.
- Foster parents agree to follow the advice of the veterinarian, Feline/Canine Care Coordinator and Foster Care Coordinator to the best of their ability, when caring for foster animal(s).
- Foster parents will surrender any foster animal(s) in their care when requested by the Feline/Canine Care Coordinator, Foster Care Coordinator or designee.
- Foster parents will give the Feline/Canine Care Coordinator or Foster Care Coordinator as much notice as possible, not less than 24 hours, if circumstances change and they need to have the foster animal(s) relocated to another foster home.

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- FAAS will provide all necessary supplies for all foster animal(s) such as litter, litter boxes, scoops, food dishes, dry food, wet food, medicine, bedding, carriers, and cages.
- Foster parents may purchase items for foster animal(s), however they will not be reimbursed for these items unless prior approval to purchase these items was received by the Feline/Canine Care Coordinator or Foster Care Coordinator.

Foster Parent(s)

Signed: _____ Date: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Feline/Canine Care Coordinator/ Foster Coordinator

Signed: _____ Date: _____

Witnessed: _____ Date: _____

FAAS USE ONLY

Date Received: _____ Date Approved: _____ FAAS Initials: _____

Foster Start Date: _____ Date Denied: _____ FAAS Initials: _____

Reason: _____