

Friends of Attleboro Animal Shelter (FAAS)

Located on Pond St N
 PO Box 592, Attleboro MA 02703
 Phone: 774-203-1862 Fax: 508-276-0444
 Email: Attleboropets@hotmail.com
 Web: www.FAASpets.org



FOSTER APPLICATION

The Friends of Attleboro Animal Shelter (FAAS) is a 501(c)3 non-profit, all-volunteer organization, who donates our time and hearts to the Cats and Dogs in Attleboro and surrounding communities. We are committed to nurturing and promoting the animal-human bond and creating a community where our relationship with companion animals is guided by compassion. Our dedication and commitment is achieved through adoptions, community awareness, fostering and caring for companion animals until loving homes can be found. Our Vision is to reduce the number of unwanted animals through community Spay and Neuter programs, Low Cost Vaccination Programs and Micro-Chip events all while raising awareness and promoting responsible ownership. We are deeply committed to these goals while ensuring the financial security and stability of the organization for future generations. Each year, hundreds of abandoned companion cats and dogs looking for a second chance in life were successfully placed in loving homes through adoptions facilitated by FAAS. FAAS works hand-in-hand with the City of Attleboro Animal Shelter. Through their cooperation, we are able to help many more animals than city funds could provide

Contact Information			
Name		Date of Birth	
Street Address, City, State			
Home Phone		Cell Phone	
E-Mail Address			
Why would you like to foster?			
How long are you able to Foster an animal? <input type="checkbox"/> 4 – 6 Weeks <input type="checkbox"/> 3 – 6 Months <input type="checkbox"/> 6 -9 Months <input type="checkbox"/> 9-12 Months <input type="checkbox"/> Until Adopted			
Have you ever fostered for another organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, What organization?			
If yes, When?			
If yes, Why did you stop?			
Is your residence: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Other (<i>explain</i>)			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Parents <input type="checkbox"/> Live w/Friends <input type="checkbox"/> Other (<i>explain</i>)			
If you Rent please provide Name & Telephone number of Landlord			
Landlord Name		Telephone	
Number of Adults in household?		Number of Children in household?	
Please list all members living in household			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Have you ever received a Rabies vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?			
Do you work outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many hours per day will the foster animal be alone?			
Can you bring the foster animal to the Shelter for Adoption hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you bring the foster animal to our Veterinarian for appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you foster a Dog, is your yard fenced in? Yes No

Some Dogs are setup to go to Training, are you able to attend weekly training? Yes No

Please list the current animals in your household

Pet's Name	Type of Pet / Breed	Sex and Age	Spayed or Neutered	Owned or Foster Pet
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owned <input type="checkbox"/> Foster
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owned <input type="checkbox"/> Foster
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owned <input type="checkbox"/> Foster

Your Veterinarian's Name:

Vet's Phone:

Are your Pets good with other Animals? Yes No

Do you have the ability to separate your animals from foster animals if need be? Yes No

If you have Cats, do you keep them indoors or do you let them out?

If you have Dogs, do you keep them primarily indoors or outside?

Types of Animals you are seeking to Foster: (please check all that apply)

<input type="checkbox"/> Pregnant Cats	<input type="checkbox"/> Pregnant Dogs
<input type="checkbox"/> Mother Cat with Kittens	<input type="checkbox"/> Mother Dog with Puppies
<input type="checkbox"/> Bottle Fed Kittens (feedings are every 2-3 hours)	<input type="checkbox"/> Bottle Fed Puppies (feedings are every 2-3 hours)
<input type="checkbox"/> Weaned Kittens	<input type="checkbox"/> Weaned Puppies
<input type="checkbox"/> Kitten or Cat recovering from an Injury/Surgery	<input type="checkbox"/> Puppy or Dog recovering from an Injury/Surgery
<input type="checkbox"/> Kitten or Cat requiring socialization	<input type="checkbox"/> Puppy or Dog requiring socialization
<input type="checkbox"/> Elderly or Ill Cat requiring Long Term care	<input type="checkbox"/> Elderly or Ill Dog requiring Long Term care
<input type="checkbox"/> FeLV diagnosed Cat	<input type="checkbox"/> Dog Reactive Dog
<input type="checkbox"/> FIV diagnosed Cat	<input type="checkbox"/> Large Breed <input type="checkbox"/> Medium Breed <input type="checkbox"/> Small Breed
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)

Please describe any relevant experience you have had with the animals you have checked above.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Foster Guardian, any false statements, omissions, or other misrepresentations made by me on this application may results in my immediate dismissal.

Signature:

Date:

FAAS USE ONLY

Date Application Received:

Received By:

Date Applicant Contacted:

Contacted By:

Approved By:

Denied By:

Additional Notes:
