



MAKING A DIFFERENCE - ONE PAW AT A TIME

Foster care application:

First Name: _____ Last Name: _____
Address: _____
Day Phone: _____ Evening Phone: _____
E-mail: _____

Type of animals you are interested in fostering (dogs, cats, puppies, kittens): _____
Other? _____

Preferred breed? _____ Or preferred size of dog? _____
Preferred sex? _____ Reason for preferred sex? _____

Have you fostered animals before? _____ If not, what experience have you had with animals
that would be helpful in fostering? _____

Are you willing to take a dog/cat with a history of neglect/abuse or behavior problems that will require
extra love, attention and training? _____

Are you willing to accept a dog/cat with a physical handicap or injury that might require special
care and/or administer medication? _____

Do you have any limitations or concerns regarding dogs/cats you can foster? _____

Do you live in a ___ House ___ Apartment ___ Condo ___ other, explain: _____

Do you rent or own? _____ If you rent, you must provide name AND phone number of your
landlord _____

Do you have a fenced yard? _____ Height and type of material? _____

Are there any children in your household? _____ If yes, what are their ages? _____

Where do you plan to keep your foster animal during the day? _____
And where will the dog/cat be kept at night? _____

Approximately, how many hours a day will the dog/cat be alone? _____

If the foster pet disobeys, how do you plan to reprimand him/her? _____

Are you willing to work with/train your foster pet? _____
If so, to what extent? (i.e. basic commands, leash train, potty train, etc.) _____

What type of pets have you had in the past if any? _____
Where are they now? _____

Do you have any pets in your household now? ___yes ___no
If yes, what type and quantity? _____
If dog(s) what breed(s) are they? _____
Are they spayed or neutered? _____
Are their vaccinations current? _____

Who is your veterinarian? _____

Are you willing to take the foster animals to a veterinarian for its initial check-up and any follow up visits, if necessary? _____

Do you understand that exposing the pet to potential adopters is vital to the success of our program and your cooperation in making your foster pets available to be seen is required? We ask for your foster pet to attend all adoption events that APAC may hold. We further ask to make the pet available to be visited by potential adopters. Visits will be by appointment only and can take place at the pets home or a mutually agreed upon location (i.e. animal shelter, etc.). _____

Do you understand that you will receive no reimbursement for any expenses you incur in the care or treatment of your foster animals unless such care and treatment is pre-authorized by the program coordinator or designated APAC representative? _____

Do you understand, that if approved to foster, APAC is the legal guardian of the pet and will make all decisions regarding adoption placement, medical treatment (except emergency care) and APAC retains the right to remove the pet from foster care as it sees fit? _____

Do you understand that APAC volunteers will make a home visit to survey the accommodations available for the potential foster animals in your home? _____

I have answered all questions truthfully and completely. I understand that I receive foster care animals at my own risk and will not hold APAC responsible for any damages caused by foster animals while in my care. I can reject or return, to APAC, animals for which APAC has asked me to provide care. I will not give away, sell or adopt out the foster animal without permission from an APAC officer or designated representative. I agree to care for the foster animal as if it were my own, to provide food, water, love, exercise, medical attention and companionship.

Your signature

Date

Signature of spouse/roommate

Date

Please return this application to APAC, P.O. Box 2351, Temple, TX 76505; or you may drop it off at the Temple Animal Shelter. For questions please contact Marianne Moon at (254) 228-7130 or 2m.moon@sbcglobal.net.