



# PAWS Foster Home Application and Agreement

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Processed by: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 e-Mail address: \_\_\_\_\_

**My interest is in fostering (check all that apply):**     Dogs     Cats     Puppies     Kittens  
*Please note any specifications we need to be aware of (e.g. housebroken, small-medium, females only):*

**WORK STATUS:**                      Maximum hours per day a foster would be alone: \_\_\_\_\_

*Student:*    Year in school: \_\_\_\_\_    Planned Graduation Date: \_\_\_\_\_  
 *Working:*    Employer: \_\_\_\_\_    Phone: \_\_\_\_\_     Part Time     Full Time  
 *Retired:*

**HOUSING:**     Single Family     Duplex/Townhouse/Apartment     Farm     Association  
 Rent     Own    Landlord: \_\_\_\_\_    Phone: \_\_\_\_\_     Discussed     Approved  
 Fenced yard    Height: \_\_\_\_\_    Other confinement: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS/ROOMMATES:**

Name	Age	Relation	Allergies	Phone
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**VISITING CHILDREN**

Age	Frequency

**CURRENT and PREVIOUS PETS:**

Name	Breed	Age	Gender	Spayed/Neutered	Time Owned	Year Departed	Annually Vetted Y/N

PAWS Notes: \_\_\_\_\_

**VETERINARIAN SERVICE:** \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>REFERENCES (3): (Non-family members)</b>			
<b>Name</b>	<b>Email address</b>	<b>Phone</b>	<b>When to call</b>

*By signing below you certify the information given is true. You are giving a PAWS representative permission to contact your landlord, veterinarian, references, make follow-up calls, and make a home visit. PAWS reserves the right to deny any foster application. You understand this animal is available for adoption and may be recalled to the Center at any time. You will go through the standard PAWS adoption procedure if you choose to keep this animal.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

APPROVED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ FOSTER HOME NOTIFIED   
 VERIFICATION OF LEASE OR PET AGREEMENT  CHECKED LIST

ADDITIONAL NOTES: