



## FOSTER APPLICATION

Date : \_\_\_\_\_

Applicant First Name: \_\_\_\_\_  
Applicant Last Name \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

1. What type of animal are you interested in fostering?  
 Male  Female  Kitten (under 5 months)  Puppy (under 5 months)  
 Adult  
 Long Hair  Short Hair  
Name of animal you are interested in:  
\_\_\_\_\_  
Personality type: \_\_\_\_\_  
Color (Preferably): \_\_\_\_\_

2. How many people currently reside in your household, and please list all ages? \_\_\_\_\_
3. Any children in the household? Yes No
4. \_\_\_\_\_
5. Does any member of the family have any allergies to animals? Yes No  
If yes, explain:  
\_\_\_\_\_
6. Who will be responsible for the animal's care while being fostered?  
\_\_\_\_\_
7. Are you or your significant other/spouse active military? Yes No   
If yes, who? \_\_\_\_\_
8. Do you ? Own Home Rent Home Condo Mobile home Townhouse  
House
9. If you rent, what is name of landlord and phone number?  
\_\_\_\_\_
10. If you rent, what name is the lease under?  
\_\_\_\_\_
11. If you rent, does your landlord allow pets Yes No Yes – but restricted  
breeds/weight
12. Where will the animal be kept? Indoors only Outdoors only Both  
in/out
13. If outdoors, will the animal be attended unattended
14. Will anyone be home during the day? Yes No
15. How many hours will the animal be left unattended?  
\_\_\_\_\_
16. \_\_\_\_\_
17. When no one is home, where will the animal be kept?  
\_\_\_\_\_

Describe the animals you still care for or that are living in your household.

| Name | Breed | Age | Neutered/Spayed? | Kept where | Time in your care |
|------|-------|-----|------------------|------------|-------------------|
|      |       |     |                  |            |                   |
|      |       |     |                  |            |                   |
|      |       |     |                  |            |                   |

20. Are your animals current on their vaccinations? Yes No

21. Please provide name and number of your veterinarian:

\_\_\_\_\_

26. What will you do if the foster animal(s) does not get along with your present animal(s)? \_\_\_\_\_

28. Have you ever fostered an animal from a rescue/animal control agency?

Yes No If yes, please list agency name

29. Have you ever had a foster application rejected from a rescue/animal control facility? Yes No If yes, explain why:

\_\_\_\_\_

29. Why do you wish to foster this animal?

\_\_\_\_\_

32. Are you willing to sign legal pet foster papers? Yes No

34. Do you agree to permit a visit to your home by appointment? Yes No

Please tell us a briefly about yourself and your lifestyle so that we can properly help pair you up with the right foster.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* Please be aware that there are some restrictions with insurance companies that may deny you the ownership of certain breeds or animals while residing on the property being insured. Because of this and especially if you are renting, we will have to contact the landlord.

I understand

Initials \_\_\_\_\_

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in **“Tails of The Forgotten”** refusing adoption privileges to me/us. If my/our request for adoption is approved and later **“Tails of**

**The Forgotten**” discovers the above information are not true or correct,  
**“Tails of The Forgotten”** reserves the right to remove the foster animal  
from my home.

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_