



PAWS (Public Animal Welfare Society, Inc.)

PO Box 24651, Cleveland, OH 44124 Phone: 440.442.7297
www.pawsohio.org

Foster Care Application

DATE: ____/____/____

PAWS Use Only

Submit date ____/____/____

Approved by: _____

Disapproved by: _____

Person ID _____

FOSTER VOLUNTEER INFORMATION

Name (first, initial, last) _____

Home Address _____ Apartment Number: _____

City _____ State: _____ Zip Code: _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ Birth date ____/____/____ Age _____

Driver's License Number _____ Expiration date ____/____/____ Issuing State: _____

EMPLOYMENT INFORMATION

Employed Yes No Place of employment _____

Address _____

City _____ State: _____ Zip Code: _____ County _____

Length of Employment _____ Occupation _____ Work at home Work outside the home

Full-Time Part-Time Number of hours worked during the day _____ Work Schedule _____

Average number of hours during the day that the foster animal(s) will be unattended _____

If medically necessary, could you take the foster animal(s) to work with you? Yes No

HOUSEHOLD INFORMATION

Home Ownership Status Own Rent/Lease How long at present address? _____

Residence Type House Condominium Apartment Mobile Home Dormitory Other

Landlord's Name: _____ Landlord's Phone: _____

Apartment Complex: _____ Extra security deposit required for pets? Yes No

Size of Yard Small Medium Large Is your yard fully fenced Yes No

Type of fence Wooden Chain-link Invisible underground wire Height of fence _____

If yard is not fenced, how do you plan on containing the foster animal(s) when outside Leash Tethered Kennel run

FAMILY INFORMATION

Who do you live with? Spouse Parents Children Significant Other Roommates Alone

Number of Adults in household 0 1 2 3 4 5+ List adult's ages: _____

Number of Children in household 0 1 2 3 4 5+ List children's ages: _____

Any family members suffer from pet allergies? Yes No If yes, allergic to: Dogs Cats Both

List names of household members who will also be caring for the foster animal(s) _____

PET INFORMATION

Do you have pets of your own Yes No Type of pets Dogs Cats Other _____

Name: _____ Breed: _____ Age: _____ Sex: _____ Altered: _____ Current on vax: _____

FOSTER ANIMAL INFORMATION

I am interested in fostering:

CATS

- Nursing cat (4-8 weeks of care)
- Orphaned kittens (4-8 weeks of care)
- Injured/Sick cat (2-6 weeks of care)
- Undersocialized cat (2-6 weeks of care)

DOGS

- Nursing dog (4-8 weeks of care)
- Orphaned puppies (4-8 weeks of care)
- Injured/Sick dog (2-6 weeks of care)
- Undersocialized dog (2-6 weeks of care)

How will the foster animal(s) be housed :

- inside, loose outside in yard
- inside, crated outside kennel run
- inside , separated garage
- Other _____

How many animal(s) are you willing to foster at one time _____ Length of time you are willing to foster _____

How often would you like to foster 1-6 times per year Once a month Call me anytime Emergencies onlyDo you have prior experience with the type of foster care you are willing to provide Yes NoDo you have a confinement area to isolate a foster animal(s) for health reasons Yes NoAre you able to keep the foster animal(s) separate from your own animals Yes NoAre you willing to bring the foster animal(s) into the shelter for periodic checkups and regular vaccinations Yes NoAre you willing to take the foster animal(s) to an emergency clinic should they become ill and need immediate care Yes NoAre you willing to administer medications should the foster animal(s) require them Yes NoAre you willing to be listed as an "emergency" foster home in case an animal should come to the shelter unexpectedly and need to be placed in a foster home immediately Yes NoAre you willing to work with your foster animal(s) in areas such as basic obedience and house training Yes NoAre you willing to have a Foster Care Coordinator perform an in-home inspection Yes No

How did you hear about our Foster Care program _____

Please explain why you would like to become a Foster Care Volunteer _____

PERSONAL REFERENCES

List the names, relationship, and telephone numbers of two persons that are not related to you. Where possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer, or other dog care professional.

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____

BASIC RULES OF FOSTER CARE PROGRAM

- The foster animal(s) is only temporarily in your care and remains the property of PAWS (Public Animal Welfare Society, Inc.).
- The purpose of this foster relationship is solely to provide care for the foster animal(s) and to make the animal(s) "adoptable."
- Any and all adoptions of foster animal(s) will be made through PAWS and are subject to the same guidelines as any other adoption. Foster Care Volunteers are encouraged to assist in the placement process of their foster animal(s) – but cannot make any decisions regarding the final placement of the animal(s).
- You will surrender the foster animal(s) to PAWS at the end of the Foster Care period or immediately upon request.
- You will not relinquish custody of the foster animal(s) to anyone except PAWS. If you cannot care for the foster animal(s) for any reason (even temporarily) – you must bring the animal back to the shelter.
- You will not place the foster animal(s) in a dangerous situation (i.e. riding in an open pick-up truck or left unattended in a car).
- You will keep the foster animal(s) in the house as a loved family member.
- You will keep all foster cats and kittens indoors at ALL times.
- You will keep all foster dogs and puppies in a secure area, preferably a crate or a kennel run.
- You will not allow the dogs and puppies off-leash except in a secure fenced area of your property.
- You will not use chains or other devices to tether the animal as a means of confinement.
- You will use a "choke" collar only when training the dog on a leash – it will not be left on the dog while unattended.
- You will assure that the foster animal(s) always wears the collar and ID tags supplied by PAWS.
- You will feed, water, groom, exercise, and socialize the foster animal(s) as appropriate.

Applicant's Signature _____ Date _____