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**P.O. Box 1015**  
**Woodland, WA 98674**  
**Phone (360) 624-8953**

## Foster Home Application

We appreciate the love and commitment required to be a foster home provider. The application process is designed to ascertain the best match possible between foster home and animal in order to create the greatest chance for a successful adoption.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (days) \_\_\_\_\_ (eves.) \_\_\_\_\_ e-mail \_\_\_\_\_

How many animals do you currently have in your home as pets? \_\_\_\_\_

Dog	Cat	Other	M/F	S/N	Vaccinations Current?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Use reverse if more room is needed.

Do any of your current animals have behavioral concerns or chronic illnesses?

Please explain: \_\_\_\_\_

Have any of your animals died in the past year? Please explain: \_\_\_\_\_

\_\_\_\_\_

If you have no animals now, have you had any in the past? When? Type? Why do you no longer have the animal(s)? \_\_\_\_\_

\_\_\_\_\_

Are you able to isolate foster animals, if necessary? Y \_\_\_\_ N \_\_\_\_ Where or how?

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What problems are you willing to deal with? i.e., behavioral \_\_\_ socialization \_\_\_  
Sick (uri/diarrhea/injured) \_\_\_\_\_

How many hours a day will your foster animals be without adult care? \_\_\_\_\_

Who, if anyone, will assist you in caring for the animal(s)?

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_ Phone \_\_\_\_\_

Any children in household? If so, how many/ages? \_\_\_\_\_

Any household members with allergies? \_\_\_\_\_

Do you live in a house \_\_\_\_\_ apartment \_\_\_\_\_ Condo \_\_\_\_\_ Other \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

Indicate type(s) of animals you are interested in fostering:

Pregnant Cat(s) \_\_\_ Nursing Litters \_\_\_ Kittens (weaned) \_\_\_ Orphaned Kittens \_\_\_  
(bottle feeding)

Why do you want to foster? \_\_\_\_\_  
\_\_\_\_\_

What past experience, if any, do you have? \_\_\_\_\_  
\_\_\_\_\_

**Veterinarian** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_ Phone \_\_\_\_\_

Do you have any questions or concerns about fostering? \_\_\_\_\_  
\_\_\_\_\_

**References:** Please list 3 (preferably **non-related**) and provide names, full address and phone numbers:

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Upon acceptance as a foster home, the undersigned agrees to:**

Keep PAW foster cat(s) indoors at all times.

To keep PAW foster dog(s) on a leash when not in the house (or fenced yard).

To bring PAW foster animal(s) to pet adoption showings at least once a month, as soon as the animal(s) is (are) healthy and/or old enough to attend public showings.

To use the Veterinarians, food and medicines provided by Pet Aid of Washington.

To keep animal(s) safe at all times.

To report to PAW contact person on a weekly basis concerning the health of my fosters.

To give Pet Aid of Washington (PAW) at least one week's notice if unable to continue fostering the animal(s).

Pet Aid of Washington will provide food, medicine and pay Veterinary expenses.

**Signed** \_\_\_\_\_

**Approved by** \_\_\_\_\_