



Mary S. Roberts  
Pet Adoption Center

Serving Since 1897

# MSRPAC Foster Care Application

Name			Occupation		
Contact Phone			Employer		
E-Mail Address			Work Phone		
Home Address			Cell Phone		
City	State	Zip	City	State	Zip

## Household Information

Living Accommodations	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other:	<input type="checkbox"/> Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other:
Describe, in detail, the area where the foster animal will be kept during the day				Describe, in detail, where the foster animal will be kept at night				
Does your lease allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are all windows screened? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are all gates locked at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What type of fence and how tall is it?	<input type="checkbox"/> Block Wall Height _____	<input type="checkbox"/> Wood Height _____	<input type="checkbox"/> Chain Link Height _____	<input type="checkbox"/> Wrought Iron Height _____	<input type="checkbox"/> Other: _____			Height _____

## Please list your current household members

<b>ADULTS</b> ( <i>other than yourself</i> )		
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
<b>CHILDREN</b>		
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:

## Please list your current pets and provide vaccination records for each one (please attach)

Name	Species	Breed	Gender	Altered?	Age	Vac Record
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**...continued on other side**

I have attended a Mary S. Roberts Pet Adoption Center volunteer orientation: YES NO

If yes – give date: \_\_\_\_\_

1. Why do you want to be a foster caregiver? How did you hear about the program?

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2. What previous animal experience, if any, do you have?

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3. Which animals, and under what conditions, would you be willing to foster?

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|---|---|
| <input type="checkbox"/> Orphaned Kittens         | <input type="checkbox"/> Orphaned Puppies         |
| <input type="checkbox"/> Mother with Kittens      | <input type="checkbox"/> Mother with Puppies      |
| <input type="checkbox"/> Pregnant Cat             | <input type="checkbox"/> Pregnant Dog             |
| <input type="checkbox"/> Ill or Injured Adult Cat | <input type="checkbox"/> Ill or Injured Adult Dog |
| <input type="checkbox"/> Ill or Injured Young Cat | <input type="checkbox"/> Ill or Injured Young Dog |

4. Which age group are you comfortable fostering? Check all that apply:

- 0 to 2 weeks? \_\_\_\_\_ (Neonatal care)  
2 to 4 weeks? \_\_\_\_\_  
4 to 8 weeks? \_\_\_\_\_

5. Are your pets' vaccinations current? (please attach copy of record)

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6. Have you had any animals die in the last year? If yes, please explain the circumstances:

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7. Are all members of your household agreeable to having foster animals in their home?

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8. Have you considered the negative aspects of fostering? How will you deal with destructive behavior, messes in the house, frequent feedings, etc?

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**9.** Are you aware that there are “zoonotic” diseases (diseases that can be transmitted from animals to people?)

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**10.** How will you isolate foster animals from your own animals?

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**11.** How will you cope if a foster animal must be euthanized?

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**12.** What experience do you have working with animals?

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**13.** Do you have reliable transportation? Are you able to bring your foster animals in for Veterinary Services a minimum of once every two weeks or in case of an emergency?

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**14.** Please tell us about your current availability to volunteer. How long will you have to leave the foster animals unattended during the day? Is there anyone who will assist you in caring for the animals? Do you have a flexible schedule?

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**15.** Do you have any questions or concerns about being a foster caregiver?

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