



**Adoption Center:** 100 N. 2<sup>nd</sup> Street · Philadelphia, PA 19106 · p. 215-238-9901  
**Spay/Neuter and Wellness Clinic:** 2900 Grays Ferry Avenue · Philadelphia, PA 19146 · p. 215-298-9680  
 info@phillypaws.org · www.phillypaws.org

**FOSTER CARE PROGRAM APPLICATION**

Our Foster Care Program provides safe homes with caring individuals to care for and socialize animals that are too young, injured, or under socialized to be placed up for adoption. All foster care providers must complete and sign this agreement.

Previous fostering experience is not a necessity, but we are looking for individuals who have basic knowledge of animal care and basic obedience training. As a foster care provider, you should remember that this is an extremely rewarding experience but time consuming and a substantial responsibility. You are working with us to help save the lives of homeless animals. We expect that you will take this responsibility as seriously as we do. Please give yourself time to consider all aspects of fostering. If you would like to participate in this program, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (please print clearly): \_\_\_\_\_

Have you fostered before?  No  Yes

If yes, for which organization? \_\_\_\_\_

If yes, what animals did you foster? What was the outcome? \_\_\_\_\_

What type of animals are you interested in fostering? (Please check all that apply, and the most appropriate answer for each category.)

| <u><b>Felines</b></u>                                   | <b>No</b>                | <b>Possibly</b>          | <b>Definitely</b>        |
|---|--------------------------|--------------------------|--------------------------|
| Mama cat & kittens                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kittens- bottle fed                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kittens- past bottle feeding                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injured cat (can be 2 weeks to a month)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sick cat (primarily URI, underweight or skin condition) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Under socialized cat (lots of TLC needed)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Canines**

**No**      **Possibly**      **Definitely**

Mama dog & pups                 

Puppies only                 

Injured dog (commitment can be 2-4 weeks or longer)                 

Sick dog (primarily kennel cough, underweight or skin condition)                 

Under socialized dog (lots of TLC needed)                 

Do you:     Own your home     Rent     Other (please explain): \_\_\_\_\_

If you do not own your home, are you allowed to have animals where you live?

Yes       No       Don't know

Landlord name: \_\_\_\_\_ Landlord phone: \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Their ages? \_\_\_\_\_

What pets do you currently own? (Type, age, altered status, vet reference, any behavior issues):

\_\_\_\_\_  
\_\_\_\_\_

Veterinarian name: \_\_\_\_\_ Veterinarian phone: \_\_\_\_\_

Do your pets get along with other animals?     Yes       No       Sometimes

Please be specific: \_\_\_\_\_

\_\_\_\_\_

Do you have the ability to keep your foster animal(s) separate from your pets if necessary?     Yes     No

Approximately how many hours are you away from home each day? \_\_\_\_\_

Do you have any travel planned or foresee any changes in your schedule (starting school, moving, changing jobs, etc.) in the near future that may impact your ability to care for your foster animal(s)?

Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a fenced yard?     Yes     No    If yes, how high is your fence? \_\_\_\_\_

Do your windows have screens?       Yes       No

Where will the foster animal live?       Inside       Outside       Other

Is anyone in your home allergic to animals?     Yes       No

If yes, to what type of animal? \_\_\_\_\_

Do you have any questions regarding fostering or general animal care? \_\_\_\_\_

\_\_\_\_\_

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