Foster Application - PAWS Shelter

Name:			
Phone Number: Work Phone:			
E-mail Address:			
Address:	City:	State:	Zip:
I am interested in foste	ring:		
Adult Dogs	_ PuppiesNursing M	om & Puppies	
Adult Cats	KittensNursing Mom	a & Kittens	
Hospice			
My current living situat	ion: Rent Own Other:		
Do you have pets of yo	ur own? Yes No		
If yes, are they up to da	ate on their vaccines? Yes N	0	
Are you able to keep th	ne fosters separate from yo	ur animal? Yes No	
Are the other members	s of your household suppor	tive of fostering ani	mals from Paws? Yes No
Are you willing to bring and medical care? Yes !	ganimals to the Paws shelte No	er during regular bu	siness hours for vaccines
Are you willing to have time during its stay in y	a Paws representative exa our home? Yes No	mine the pet and its	living conditions at any
If you are interested in	fostering kittens, please a	nswer the following	g questions:
Where will the kittens b	pe kept? Inside Outside		
	nes to care for unweaned k bottle-fed every couple of h	•	
How long are you willir	ng to foster a kitten/litter of	f kittens?	
Are you willing to provi	ide the necessary litter, foo	d, water, and kitten	formula for your fosters?

If you are interested in fostering dogs or puppies, please answer the following questions:

Do you have any limitations regarding dogs that you can accept (for example, must get along with a cat, or kids,
etc.)?
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Will the dog be left in the yard unsupervised at any time? Yes No
Are you willing to accept a dog with special medical needs (ex taking medication with food, injections)? Yes No
How long are you willing to foster a dog and/or puppies?
Are you willing to provide the necessary food and water needed for your foster dogs? Yes No
Why are you interested in fostering?
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