



# PAWS

Pet Adoption & Welfare Society of Carteret

## APPLICATION TO BECOME A PAWS FOSTER

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

Orphaned Kittens(s) \_\_\_\_\_ Orphaned Puppy(s) \_\_\_\_\_ Pregnant Cat \_\_\_\_\_ Pregnant Dog \_\_\_\_\_

Adult Cat \_\_\_\_\_ Adult Dog \_\_\_\_\_ Military Cat(s) \_\_\_\_\_ Military Dog(s) \_\_\_\_\_

Bird \_\_\_\_\_ Horse \_\_\_\_\_ Ferret \_\_\_\_\_

Foster Parent's Name: \_\_\_\_\_

Spouse/Other \_\_\_\_\_

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

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

Employer's Company Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

1) Are you a part of any animal organization? Yes No

If yes please list: \_\_\_\_\_

2) Why would you like to foster? \_\_\_\_\_

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

3) Do you live in a: Condo/Townhouse [ ] Apt. [ ] Duplex [ ]  
Mobile Home [ ] House [ ]

4) Do you: Rent/Lease [ ] Own [ ]  
If you rent, is your lease: Yearly [ ] Monthly [ ]

Name of complex and/or association: \_\_\_\_\_

Name and phone # of landlord or owner: \_\_\_\_\_

PET POLICY: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

5) How many adults reside at this address? \_\_\_\_\_

Are there children in your home? Yes [ ] No [ ]

If yes, how many and what are their ages? \_\_\_\_\_

6) Would there be anyone at home during the day? Yes [ ] No [ ]

If yes, who? \_\_\_\_\_

- 7) Do you have any dogs and/or cats at home now? Yes [ ] No [ ]  
 1. Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Licensed: Yes [ ] No [ ]  
 2. Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Licensed: Yes [ ] No [ ]  
 3. Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Licensed: Yes [ ] No [ ]  
 Pet's Name(s): \_\_\_\_\_  
 Approximate date and reason of last vet visit: \_\_\_\_\_
- 8) Have you had other pets in the past 5 years? Yes [ ] No [ ]  
 1. Age \_\_\_\_\_ Breed \_\_\_\_\_ Year: \_\_\_\_\_ Disposition: \_\_\_\_\_  
 2. Age \_\_\_\_\_ Breed \_\_\_\_\_ Year: \_\_\_\_\_ Disposition: \_\_\_\_\_  
 Pet's Name(s): \_\_\_\_\_
- 9) What animal hospital/clinic do you (or did you) use?  
 \_\_\_\_\_
- 10) Where will the foster animal(s) be when no one is home?  
 Indoors [ ] Outdoors [ ] \_\_\_\_\_
- 11) Where will the foster animal(s) sleep?  
 Indoors [ ] Outdoors [ ] \_\_\_\_\_
- 12) Personal, unrelated reference we may contact: Name \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address \_\_\_\_\_

I, \_\_\_\_\_, agree that all of the information which I have given above is correct as written and I authorize PAWS of Carteret to verify any information.

Date \_\_\_\_\_ Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

(Parent/Guardian must sign release if volunteer is under the age of 18 and is living at home.)



# FOSTER CARE AGREEMENT

I agree to the following conditions: (Please initial each)

1. \_\_\_\_\_ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies.
2. \_\_\_\_\_ I agree to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. \_\_\_\_\_ I agree to keep the foster animal indoors unless accompanied outside by myself.
4. \_\_\_\_\_ Should the foster animal become ill while in my care, I agree to call PAWS and take the foster animal to a participating PAWS veterinarian. Any charges that may incur through a private veterinarian will be my expense. Deworming and vaccinations required during foster time will be provided by the clinic by scheduling an appointment.
5. \_\_\_\_\_ I fully understand that the foster animal is the property of PAWS. Any decision made by the director of PAWS foster care will be followed by me, regarding the return and/or disposition of the foster animal.
6. \_\_\_\_\_ I agree to return the foster animal(s) as instructed.
7. \_\_\_\_\_ I understand that PAWS of Carteret is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. \_\_\_\_\_ PAWS of Carteret is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.

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

Print Name: \_\_\_\_\_ Witness \_\_\_\_\_



Program Contact Info:  
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