

	GENERAL	
Name:		
Address:		
City:	Zip:	
Home Phone:	Work Phone:	
Mobile phone:	Other Phone:	
Email:		
	HOUSEHOLD	
Do you rent or own your home (chec	ck one):	
☐ Own☐ Rent (landlord name/phone	e:)
If you rent, does your landlord have	any specific restrictions:	
Weight: Age:	Breed:	
What is your work schedule?		
How many adults are in your househ Please list the names and phone nu	hold: Imbers of all adults (over 18) in the home: Phone	
How many children (under 18) are in	n vour household:	



Please list	the names and ages	s of all children under 18	3 in the home	Age	
		(circle ONLY one in ea			
NO	ise level	Visitor activity	Pny	sical activity leve	
	Quiet	Family only	Sedentary		
Mid-leve	el noise activity	Mid-level visitors	Mo	Moderately active	
A	ctive/loud	Many visitors	A	Athletic/active	
		PETS			
How many	pets are currently in	the home:			
Please ente	er requested informa	ation for each pet currer	ntly in your ho	ome	
Pet #1	TYPE	AGE	LENGTH OF OWNERSHIP	SPAYED/NEUTERED? (CIRCLE ONE)	
				YES/NO_	
How did you	obtain this pet?				
Pet #2	TYPE	AGE	LENGTH OF OWNERSHIP	SPAYED/NEUTERED? (CIRCLE ONE)	
				YES / NO_	
now did you	odtain this pet?				
Pet #3	ТҮРЕ	AGE	LENGTH OF OWNERSHIP	SPAYED/NEUTERED? (CIRCLE ONE)	
				YES / NO	

How did you obtain this pet?



Are all anir	mals in the home curre	ntly up to date on vaccines? YES / NO
Veterinaria	ın's name:	Phone:
City/State:		
		st 5 years that you do not have now? <u>YES / NO</u> f pets and reason they're no longer with you.
Pet #1	ТҮРЕ	REASON THEY'RE NO LONGER WITH YOU (i.e. died of cancer, gave away due to moving)
Pet #2	ТҮРЕ	REASON THEY'RE NO LONGER WITH YOU (i.e. died of cancer, gave away due to moving)
Pet #3	ТҮРЕ	REASON THEY'RE NO LONGER WITH YOU (i.e. died of cancer, gave away due to moving)
intormation	n on blank paper using	FOSTERING
Have you	ever fostered before? _	YES / NO
If yes, with	which organization? _	
What type	of animal(s)?	
How did yo	ou hear about our foste	r care program?
		ay Haven?



Fostering Preferences (check ALL that apply)

How often would you like to foster?	Kind of animal		
☐ 1-6 times per year	☐ Dog		
☐ Once a month	☐ Cat		
☐ Call me anytime	Desired level of care		
☐ Emergencies only	☐ Basic (easy)		
☐ Short term (2 weeks) only	Special needs - medical		
Age	Special needs - behavior		
☐ Underage (<2 mos)			
☐ Youngster (2-5 mos)	☐ Adolescent (5 mos-2 yrs)		
Adult (2-7 yrs)	Senior (7 yrs+)		
What type of fostering opportunities are you interapply.	ested in? Please check all that		
☐ Bottle baby kittens – kittens 0-4 weeks of age wifed and often require round the clock care until they a			
☐ Underage puppies – puppies under 8 weeks of a	ge without a mother.		
☐ Underage kittens – weaned kittens 5-8 weeks of until adoption. This also includes prenatal kittens who eating on their own. Will require multiple feedings an	o are 3-5 weeks old and somewhat		
☐ Mother cat/dog with nursing young – Mothers wuntil they are 4-6 weeks of age.	will need to stay with their young		
☐ Undersocialized cats/kittens – you would be held become companion pets. Will require a lot of patient			
☐ Injured or sick pets – dogs or cats recovering from surgery or an injury/ailment that will need weeks to months of recovery in a home environment.			



☐ Long-term residents – cats/dogs that have been with us a long time and could use a break from the shelter environment by living in a foster home temporarily. The length of foster care varies depending upon the needs of the foster animal.
☐ Shelter space – when we are full, our foster homes can take in adoptable pets simply to open space for incoming animals to move through our intake program.
☐ Dog behavior modification/training – some of our dogs could really use a capable and skilled dog handler who is willing to work on training and behavior modification, under the guidance of our Dog Care team.
Is there a specific animal in our program you're interested in fostering? Yes (animal name:) No
Are you able to keep your foster animal separate from other pets at home, if needed? Yes No Maybe
Would you be able to feed your foster animal a specific diet without giving him/her access to other food, if needed? Yes No Maybe
Are you willing to bring the foster animal(s) to approved veterinarians who work with Stray Haven for periodic checkups and regular vaccinations as needed? Yes No
Are you willing to administer medications should your foster animal(s) require them: Yes No Maybe
Do you have a fenced yard? Yes (if yes, height:) No
If you don't have a fence how do you plan to contain the dog?
Where will your foster animal stay while you are not at home?
Are you willing to follow Stray Haven guidelines as to the best way to work with the dog? No Maybe
Would you be willing to take your foster dog to obedience training? ☐ Yes ☐ No ☐ Maybe



What type of activities are you planning with your foster animal?		
Are you willing to be listed as an "emergency" foster home in case an animal needs to be placed in a foster home immediately? Yes No		
REFERENCES		
List the names, relationship and telephone numbers of two people that are not related you. Where possible, please list individuals who are knowledgeable about your care of animals, such as a veterinarian, trainer, groomer or other dog care professionals. Name Relationship		
AGREEMENT		
I understand that a Stray Haven representative may visit my home for a home inspection before my foster application is approved. I understand that if I am tentatively approved for fostering, I will also need to carefully read and agree to a "Foster Care Agreement" before I can take my foster animal home. The Foster Care Agreement represents the legal contract between a foster caregiver and Stray Haven Humane Society and SPCA.		
I have read this application in its entirety, and I agree that all statements contained in this document are made by me and are truthful. I make this statement under penalty operjury under the laws of New York State.		
Vour Signature Date		