



# FOSTER APPLICATION

## APPLICANT INFORMATION

Name:		
Date of Birth:	Day Phone:	Evening Phone:
Current Address:		
City:	State:	ZIP:
Email:	Employer:	Occupation:
Own <input type="checkbox"/> Rent <input type="checkbox"/> <i>(Please check one)</i>	House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> <i>(Please check one)</i>	How Long?
If Rent, Landlord Name:		Phone:
Are there breed restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Size Limits: Yes <input type="checkbox"/> No <input type="checkbox"/> inches	Weight Limits: Yes <input type="checkbox"/> No <input type="checkbox"/> lbs

## CO-APPLICANT INFORMATION

Name:		
Date of Birth:	Day Phone:	Evening Phone:
Email:	Employer:	Occupation:

## REFERENCES

Name of Nearest Relative:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
Name of Friend/CoWorker:		Relationship:
City:	State:	ZIP:

## HOUSEHOLD MEMBERS

Are all household members understanding of the fostering process? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Age:
Name:	Age:
Name:	Age:

## PETS

Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed:	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Age:
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed:	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Age:
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed:	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/>	Age:
Other:				

## VETERINARY INFO

Vet Name:	Phone:
Address:	State: ZIP:

<b>HOUSING / YARD / LIVING STYLE</b>	
Is yard fenced: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence Height:           ft           Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Chain Link <input type="checkbox"/> Other:
** If no, please note that all dogs must be leashed at all times outside the home.**	
If no, how do you plan to exercise the dog?	
How many hours per day will the dog be left alone?	How many days per week are you gone?
Where will the dog be kept while you are away?	
Where will the dog be kept while you are at home?	
Where will the dog sleep at night?	
What type of activities does your family enjoy?	
Will the dog be part of those activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?
Additional comments or information you would like to provide:	
<b>ADDITIONAL QUESTIONS</b>	
Why do you want to foster?	
Is there a specific breed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Breed:
What is the youngest age dog you would foster?           yrs	What is the oldest age dog you would foster?           yrs
Would you be willing to foster a special / medical needs dog? Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on condition <input type="checkbox"/>	
Have you ever had to give away a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why?
What type of discipline do you use on a pet?	
Do you plan to crate your foster dog? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you need a crate provided to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a limit to the length of time you can keep the dog until it gets adopted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	
Are you willing to bring the dog to meet prospective adopters? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that if you decide to permanently adopt your foster, you must follow standard adoption procedures? Yes <input type="checkbox"/>	
Are you willing to bring the dog to outreach events? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to bring the dog to any scheduled vet appointments? Yes <input type="checkbox"/> No <input type="checkbox"/>	
** Please note, all vet visits must be pre-approved by the foster coordinator prior to all visits**	
<b>SIGNATURES</b>	
By signing below (or typing your name if completed and e-mailed electronically), I authorize representatives of O.S.C.A.R. to conduct a home inspection as part of the application approval process. Additionally, I state that all of the information provided in this application is true & accurate, to the best of my knowledge. I authorize all personal, related & veterinary references to disclose information to representatives of O.S.C.A.R.	
Signature of applicant:	Date:
Signature of Co-applicant:	Date:
Received by O.S.C.A.R.:	Date: