

# Rabun Paws 4 Life Foster Care Application

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

Please fill out ALL information. Failure to do so may disqualify you from fostering a pet. Items bolded and italicized are choice, one of which must be circled. Additional comments are to help determining eligibility.

1. Name of Applicant: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

Spouse/Partner: \_\_\_\_\_ DOB \_\_\_\_\_

2. Home/Physical Address: \_\_\_\_\_

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

3. Which pet are you interested in and why? \_\_\_\_\_

4. If you are single: Do you live alone? **Yes No** Do you live with family? **Yes No** Employed? **Yes No**

5. If married: Are you both employed? **Yes No**

6. Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Place/s of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Hours: \_\_\_\_\_

Place/s of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Who/where will pet be cared for when you are on vacation: \_\_\_\_\_

8. Own home? **Yes No** Rent? **Yes No** *House Apartment Condo Mobile Home*

If renting does lease allow pets? **Yes No**

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address, City/ST/Zip: \_\_\_\_\_

9. Are you relocating anytime within the near future? **Yes No** Have you recently relocated: **Yes No**

10. Do you have a private yard? **Yes No** Is it fenced? **Yes No**

Type of fencing: **Chain link Privacy/Wood Invisible fence**

11. If your yard is NOT fenced, how will your pet be contained? **Run line Chain Kennel In the house**

12. Where will the pet be kept: Daytime: \_\_\_\_\_ Nighttime: \_\_\_\_\_

13. If pet is left in yard during the day, how long will be pet be left? \_\_\_\_\_

Is there shelter from the weather? **Yes No** Type of shelter? \_\_\_\_\_

Will proper food and water be left for pet? **Yes No**

If pet is left inside the house during the day how long will pet be left? \_\_\_\_\_

If left in house, how will pet be contained? \_\_\_\_\_

14. Do you currently have other pets? **Yes No** How many? Canine: \_\_\_\_\_ Feline: \_\_\_\_\_

If yes, what breed/s & ages: \_\_\_\_\_

Name/s? \_\_\_\_\_

Where did you get your pet/s? \_\_\_\_\_

How long have you had your pet/s? \_\_\_\_\_

Are your current pet/s spayed or neutered? **Yes No** If not spayed/neutered, list reasons why: \_\_\_\_\_

\_\_\_\_\_

15. Have you ever had pet/s in the past that you no longer have? **Yes No**

If yes, how many? \_\_\_\_\_ What kind of pet/s? \_\_\_\_\_

How long did you have the pet/s? \_\_\_\_\_

What happened to the pet/s? \_\_\_\_\_

If deceased, how long ago? \_\_\_\_\_

If not deceased, where is that pet now? \_\_\_\_\_

Have you ever adopted from this or any other shelter/rescue organization before? **Yes No**

If yes, what organization? \_\_\_\_\_

16. Who is your current veterinarian? \_\_\_\_\_

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

How long have you used this veterinarian? \_\_\_\_\_

17. Personal non-family reference name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

Additional Comment Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This application is a part of the foster/adoption agreement. If this application contains any false or misleading information, Rabun Paws 4 Life shall be entitled to void the adoption and reclaim the animal, at any time.**

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

**Print Signature Name:** \_\_\_\_\_