

FOSTER CARE VOLUNTEER APPLICATION



Potter League
Enriching Lives

This questionnaire must be completed by any individual who is interested in providing foster care. The information provided will help to ensure the best animal placement for your home. Thank you for your interest and time.

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

What type / number of animal(s) would you like to provide care for?

- Cat(s) Kitten(s) Cat with litter of kittens
 Dog(s) Puppy(s) Dog with litter of puppies
 Animal with medical needs Animal needing socializing
 Other (bird, rabbit, etc)

What is the length of time you are willing to keep a foster animal? _____

Are there any restrictions as to the type or size of animal you can foster? _____

The foster cat would be kept:

- strictly indoors
 strictly outdoors
 restricted to the following areas: _____

The foster dog would be kept:

- indoors and taken outside for walks on a leash
 indoors and have periodic access to fenced yard
 strictly outdoors: chained fenced yard pen
 confined within the house, in the following areas: _____

How many hours a day would the animal be left alone? _____

- | | | |
|--|-----|----|
| Are you able to bathe / groom / medicate the foster animal, if needed? | Yes | No |
| Do you have any objections to a Potter League representative visiting your home? | Yes | No |
| If the animal should become ill, will you contact the Potter League immediately? | Yes | No |
| Would you be able to transport the animal to a veterinarian? | Yes | No |
| Would you notify the Potter League if the animal should become lost? | Yes | No |
| Can you keep your animals segregated? | Yes | No |

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Please list the type of animals you currently have in your home:

SPECIES	BREED	AGE	SEX	SPAY / NEUTER ?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Who is your animal(s) veterinarian? _____

Are your cats tested for feline leukemia and aids? Yes No

Are your cats vaccinated against feline leukemia? Yes No

Are all other vaccinations current? Yes No

Number and ages of children in the household? _____

Is any member of your family allergic to animals? Yes No If yes, please explain: _____

Are other members of your household aware you want to foster? Yes No

Do you own or rent your home? _____

If you rent, please provide your landlord's name, address, and phone numbers: _____

The above information is accurate and true to the best of my knowledge.

Sign: _____ Date: _____