

Foster Application

Date:	Name:			
Street Address:				
City:	State:	Zip Code:		
Home Phone:	Cell F	Phone:		
Date of Birth:	Driver's License	Number:		State:
Email address:				
Do you presently own any pets?	⊒YES □NO	If yes what kind:		
Are they spayed/neutered? ☐YE	s 🗖 NO	If not, why not:		
Please list your pets veterinarian ((place and number)):		
Do you own your home: ☐YES ☐	NO			
Do you have a fenced yard: ☐YE • What type fence: ☐Ch		d □Other:		How high?
Where will you keep the dog while	you are not home	9?		
Do you have a crate to use? ☐YE	ES □NO			
Why do you want to foster a dog?				
Are there children presently living	in the house? \square Y	ŒS ☐ NO Age	es:	
Have you ever fostered a dog before	ore? □YES □NO)		
Is there a limit to the length of time How long can you kee Why is there a limit?	p the dog?			
How many hours will the dog be a	lone per day?			-
Do you mind if a potential adopter	comes to your hor	me to look at a dog?	□YES □NO	
Are you willing to bring your foster (Typical location is Petsmart 141/I				
Are you considering a foster to ad	opt? □YES □NO)		
Do you understand 4 Paws 4 Res that the foster pet requires attention	•	oonsible for damages	s or injuries yo	ur foster pet may inflict and
Are you willing to provide your fos adoptable? □YES □NO	ter pet with the nec	cessities, care and tra	aining attentior	n needed to help this pet bo

Do you understand 4 Paws 4 Rescue needs to be contacted in the case of veterinary care? Our vets are the only approved animal care provided unless otherwise directed to seek alternative care.				
Signature of Foster	Date			
Signature of 4P4R Rep	Date			