**2123 EAST WASHINGTON HIGHWAY • MONTICELLO, FLORIDA 32344**

**PHONE (850) 342-0244 • EMAIL – ADMIN@JEFFERSONHUMANE.ORG**

**WEDNESDAY – MONDAY 8:00 AM – 5:00 PM • CLOSED TUESDAYS**

**FOSTER APPLICATION**

Thank you for your interest in becoming a foster for Wolf Creek Pet Adoption Center. The information on this form will help us determine your suitability for our foster program. Please print your responses clearly and make sure all provided information is correct as we cannot process incomplete or illegible applications.

**Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | | | | DATE OF BIRTH | |
| ADDRESS | | | | | APT |
| CITY | | STATE | | | ZIP |
| HOME PHONE  ( ) | WORK PHONE  ( ) | | | CELL PHONE  ( ) | |
| EMAIL ADDRESS | | | EMPLOYER | | |
| DRIVER’S LICESNSE INFORMATION  STATE OF ISSUE: DL NUMBER: DL EXPIRATION DATE: | | | | | |

**Personal Veterinarian**

|  |  |
| --- | --- |
| FAMILY VETERINARIAN NAME | VETERINARIAN PHONE NUMBER |
| May we contact your veterinarian as a reference? €Yes €No | |
| Are the records in your name? €Yes €No If no: what name is on the records? | |

**Animal Experience & Interest Information**

|  |
| --- |
| Do you have any prior animal experience? €Yes €No If yes, please describe where and what type: |
| Do you have any prior foster experience? €Yes €No If yes, please describe where and what type: |
| Do you plan to assist in finding an adoptive home for your foster pets? €Yes €No If yes, please describe how: |
| What type of animals would you like to foster? (check all that apply)  € Adoptable dogs € Adoptable cats  € Orphaned infant dogs € Orphaned infant cats  € Mother dog with infants € Mother cats with infants  € Medical dogs € Medical Cats  € Behavioral dogs € Behavioral cats |

**Household Information**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF DWELLING  € House € Apartment € Townhouse € Mobile Home | | Do you rent or own your residence?  € Own € Rent | |
| LENGTH OF RESIDENCE AT CURRENT ADDRESS | | Do you plan on moving within the next year?  € No € Yes If yes, when? | |
| LANDLORD’S NAME | | LANDLORD’S PHONE | |
| NUMBER OF ADULTS IN THE HOME | NUMBER OF CHILDREN IN THE HOME | | AGES OF CHILDREN IN THE HOME |
| My foster pet should get along with: € Dogs € Cats € Rabbits € Ferrets € Farm animals € Children | | | |
| My foster pet will spend most of its time:  € Inside – Free Roam € Inside – Crated € Outside – Free Roam € Outside – Fenced €Outside – Chained/Tethered | | | |
| Do you have a fenced yard? € No € Yes If yes, what type and height is your fence? | | | |
| Does your yard have shelter? € No € Yes If yes, what type of shelter? | | | |
| How long will your foster pet be left alone on weekdays?  How long will your foster pet be left alone on weekends? | | | |
| May we visit your home to verify the information you have provided? € Yes € No | | | |
| Will you contact Wolf Creek Pet Adoption Center if you are unable to keep your foster animal? € Yes € No | | | |

**Personal Pet Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **LIST THE NUMBER OF EACH TYPE OF PET YOU CURRENTLY HAVE**  DOGS CATS OTHER(please specify type) | | | |
| **PLEASE DESCRIBE EACH OF YOUR CURRENT PETS BELOW(continue on another sheet of paper if necessary)** | | | |
| BREED/NAME | AGE  € months  € years | SEX  € intact male €neutered male  € intact female €spayed female | DATE OF LAST VACCINES |
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| If you own any unaltered pets please describe the reason for not having your pet sterilized: | | | |

**Adoptable Animal Foster Parents**

|  |  |  |
| --- | --- | --- |
| If you are fostering an adoptable animal, is the animal able to accompany you in your free time (i.e. to the park, on walks, in public areas, etc.)? € Yes € No | | |
| Do you possess basic obedience training knowledge (i.e. leash walking, basic commands, housebreaking)  € Yes € No | | |
| NUMBER OF ADULTS IN THE HOME | NUMBER OF CHILDREN IN THE HOME | AGES OF CHILDREN IN THE HOME |
| How do you housetrain an animal? | | |
| When is it appropriate to physically discipline an animal? | | |
| Would you be able to foster an animal with behavioral issues? € Yes € No  If yes, please check the behavioral issues that you would be comfortable with:  € House soiling € Fear € Food Aggression € Animal Dominance € Possession Aggression | | |

**Medically Not Adoptable Animal Foster Parents**

|  |
| --- |
| Have you ever cared for sick or injured animals before? € Yes € No  If yes, in what capacity? |
| Have you ever administered medication to animals before? € Yes € No  If yes, please check all that you have administered:  € Pills € Suspension € Fluids € Sprays € Dips € Topicals |
| If you own other animals, are you able to separate your foster animal from your resident animals if needed?  € Yes € No  If yes, how? |
| Are you able to take an animal that may be contagious to you or other animals? (i.e. ringworm, sarcoptic mange?)  € Yes € No |

**Orphaned/Infant Animal Foster Parents**

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| --- |
| Have you ever bottle-raised an animal before? € Yes € No  What type of animal?  How many?  How often did you feed it/them?  Did they survive? |
| What are the steps of feeding a newborn kitten or puppy? |
| Is the infant able to accompany you to work or school? € Yes € No € Occasionally |

**In signing this application, I understand and agree to the following:**

I attest that all of the information I have provided on this application is true. I agree to serve as a productive member of the foster program. I understand that any foster animal(s) remain the sole property of WCPAC until the adoption contract has been completed and approved, and the adoption fee has been collected. I understand that WCPAC may remove a foster animal from the home of a foster parent at any time if WCPAC deems it to be in the animal’s best interest.

I agree that if my foster animal requires medical attention, I will notify Wolf Creek Pet Adoption Center (WCPAC) before taking the animal(s) to the vet. I understand that if I seek veterinary care for a foster animal without pre-approval from WCPAC, I will not be reimbursed for any expenses I incur.

I understand that I must transport the animal(s) to the WCPAC facility when required for scheduled vaccines, worming, heartworm and flea preventative, etc. I understand that I must transport and drop off animal(s) at the WCPAC facility the day before scheduled appointments so that WCPAC employees can transport the animal(s) to the veterinarian.

I verify that I am volunteering my time without any expectation that I will be compensated for the hours I work as a foster volunteer. I agree to hold harmless Wolf Creek Pet Adoption Center, Jefferson County Humane Society and any of its employees, directors, and insurance carriers from all actions, claims of every nature, damages, or judgments in matters relating to my services as a WCPAC foster volunteer. This includes, but is not limited to, personal injury.

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**Applicant’s Signature** **Date**

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| PROPERTY APPRAISER VERIFIED € Yes € No € Unavailable | |
| LANDLORD APPROVED € Yes € No € Unable to contact  Landlord Requirements: | |
| APPLICATION STATUS € Approved  € Denied - Reason denied: | |
| FOSTER COORDINATOR SIGNATURE | DATE OF APPLICATION DECISION |