

FOSTER APPLICATION FORM



JUST ANIMALS SHELTER
“At Just Animals, We’re Almost Home”
505 Depot Street, P.O. Box 275, Mazon, IL 60444
Phone: 815-448-2510 Fax: 815-448-2511

E-mail: adopt@justanimals.org Website: <http://www.JustAnimals.org>

Thank you for your interest in fostering a companion animal from Just Animals. The application below should be completed by the individual who will be primarily responsible for the daily care of the fostered animal. If additional space is needed to provide a comprehensive answer to any question, please complete the answer on a separate piece of paper and attach it to the application.

APPLICANT INFORMATION	
Last Name	First M.I.
Street Address	Apartment/ Unit #
City	State ZIP
Phone	Alternate Phone
Email Address	Are you at least 21 years old?
Do you own or rent your residence? OWN (skip next question) RENT	
If you rent, do you have your landlord’s permission to have pets? YES (Proof may be required) NO	
How long have you been at your current residence?	
How many other people live at your residence in addition to yourself? If children reside at the residence, please include their ages and how you intend to handle interactions between the animal and the children.	
Circle answers below.	
If other individuals reside at your home, do you have the consent of all these individuals to foster an animal? YES NO	
Does anyone in your residence allergic to cats or dogs? YES NO If YES, explain	
Does anyone at your residence have a fear of cats or dogs? YES NO If YES, explain	
Have you been convicted of a crime within the last 7 years? YES NO If YES, explain	
Describe your home’s activity level. (Busy/Noisy? Low/Medium/High Comings & Goings? How often do you have guests?)	
Describe your yard. Does it have a fence, kennel run, or other? If fenced what is the height of the fence, type of fence, and approximate size of the fenced in area? Please also include the number of gates and if these gates have security locks or latches.	
Do you work away from the home? YES NO If yes: FULL-TIME PART-TIME	
ANIMAL CARE EXPERIENCE	
Have you cared for animals in the past, and if so, how long? (If none, please skip this section.)	

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Do you currently care for any other animals? YES NO	
Please provide the type of animal(s) currently in your care.	
Please provide the name and phone number of your veterinarian.	
Where do you keep your current pets? INSIDE OUTSIDE EQUAL AMOUNTS INSIDE AND OUTSIDE	
Are all current pets up to date on their vaccinations? YES NO If NO, explain.	
Are all current pets spayed/neutered?	If you own cats, are they declawed? YES NO
If you own cats have they been tested for feline leukemia and FIV (feline AIDS)? YES NO If YES, what were the test results of both? POSITIVE FOR LEUKEMIA POSITIVE FOR FIV NEGATIVE FOR BOTH	
If you own dogs, are they given heartworm prevention monthly? YES NO	
Have you ever lost a pet due to illness or serious injury? YES NO If YES, explain.	
Have you ever had to give up a pet? YES NO If YES, why and where did the animal go?	
FOSTERING AN ANIMAL	
How long are you willing to foster an animal? INDEFINITELY SPECIFIC LENGTH OF TIME (explain)	
Please describe the type of animal you are willing to foster. (Cat/Dog, Breed, Size, Age, Sex, Coat Length, Personality Traits, etc.)	
Will you be able to take the animal to vet appointments and allow potential adopters to visit the animal? YES NO	
Are you willing and able to medicate an animal if necessary (ranging from daily prescription medications to monthly heartworm pills)? YES NO	
Are you willing to housetrain a dog or little box train a cat? YES NO	
Where, specifically, will the animal be kept during the day?	
Where, specifically, will the animal be kept at night?	
Where would the animal stay when you are not at home? LOOSE INSIDE CRATED/CONFIED INSIDE LOOSE OUTSIDE KENNEL RUN/FENCED AREA OUTSIDE TIED/CHAINED OUTSIDE OTHER	

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If the animal is outside other than for supervised activities describe what shelter would be available for it. SHED DOGHOUSE COVERED
PORCH TREES WILL NOT BE OUTSIDE UNSUPERVISED

Under what circumstances would you return a foster pet?
BARKING/NOISY HOUSEBREAKING CHEWING JUMPING SHYNESS/OTHER FEARS SHEDDING DIGGING SCRATCHING/CLIMBING
ON FURNITURE PERSONAL ILLNESS YOUR NEED TO MOVE OTHER

Just Animals requests fostered animals stay separated from other animals in the home for two weeks. If you have other animals in your home, how do you plan to keep them separated for the first two weeks?

Please describe, in your own words, why you would like to foster an animal?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to an opportunity to foster an animal from Just Animals Shelter, I understand that false or misleading information in my application or interview may result in the termination of my ability to foster.

Signature

Date