



ANIMALS FOR LIFE
P.O. BOX 7
SOUTH BRITAIN, CT 06487
(203)758-2934

ANIMALS FOR LIFE FOSTER AGREEMENT

Applicant Name: _____ Name of Foster Pet _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Driver's License Number: _____ State of Issue: _____
Birthdate: _____ / _____ / _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____
Applicant's Occupation/Place of Employment: _____

Please Circle :

Your home is a: HOUSE APARTMENT TOWNHOUSE MOBILE HOME OTHER

If other, please specify: _____

Do you : RENT or OWN your home?

If you rent, we will need to contact your landlord or management company.

Please provide their name and telephone number:

How many adults live in your household? ____ Children? ____ How old are the children? _____

Does everyone in your household support your participation in a foster program? YES NO

Is anyone in your household allergic to or afraid of dogs and/or cats? YES NO

If yes, please tell us who is allergic to which animals:

Please describe the area of your household where the foster animal(s) would be kept:

Do you have a fenced yard? YES NO

If yes, what type of fence? _____

If you foster a cat or kitten, will you be willing and able to keep it indoors at all times? YES NO

How long would the animal(s) be left alone each day? _____

Do you have a car available at all times? YES NO

Would you be able to transport the animal(s) to a veterinarian in an emergency situation? YES NO

Do you currently have pets in your household? YES NO

If yes, please list the species, number, and ages

Who is your regular veterinarian? _____ Phone Number: _____

Are all of your current pets up-to-date on vaccinations? YES NO N/A

Are all of your current pets spayed or neutered? YES NO N/A

If no, please explain: _____

If you have cats, have they been tested for FIV and Feline Leukemia (FeLV)? YES NO N/A

If yes, what were the results of these tests? _____

Are your cats vaccinated against these diseases YES NO N/A

If you have ever had a pet die at an early age or due to an accident, please explain:

Do you have an area where foster animals could be isolated from your own animals if necessary? YES NO

Please briefly explain why you would like to foster animals for Animals for Life :

When would you be able to start fostering? _____

Are there any restrictions on how long you can foster? YES NO If yes, please explain: _____

Are you currently fostering for another organization? YES NO If yes, please explain: _____

Please indicate which types of animals you'd be willing to foster:

- Dogs
- Cats
- Nursing Mothers with Babies
- Orphaned Babies
- Young Animals
- Adult Animals
- Elderly Animals
- Animals with Minor Injuries
- Animals with illnesses (may require medication or quarantine!)
- Animals that need Socialization

Please tell us about any present or previous volunteer experience:

Do you have any experience with animal care that might be useful for your work as a foster volunteer?

Have you had any first aid training? YES NO If yes, please explain: _____

In your opinion, what physical symptoms and/or behaviors would warrant immediate medical attention?

Animals for Life Foster Care Agreement

As a foster care provider for Animals for Life, Inc., I realize that I am providing temporary housing and routine daily care for this animal in my home.

Animals for Life, Inc. continues to be the legal owner of all fostered animals, and will provide veterinary care for the animal for the duration of the foster care. All expenses for the care of this animal must be pre-approved by Animals for Life, Inc. and all veterinary care will be arranged by an Animals for Life representative at the veterinary hospital of their choice.

If I can no longer provide foster care for this animal, I understand that I must contact Animals for Life, Inc. immediately in order to make other arrangements for the care of the animal.

Date: ____/____/____ Name of Foster Pet: _____

Signature of Foster Care Provider: _____

Printed Name of Foster Care Provider: _____

Signature of Animals for Life Representative: _____

Printed Name of Animals for Life Representative: _____