



FOSTER CARE APPLICATION

Joyful Rescues
1319 Turock Drive
Cuba NY 14727

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Name: _____

Home Phone#(_____)_____ Work Phone#(_____)_____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

If you have children living at home, please list their ages. _____

Do you rent or own your home? _____ Is your home a house, apartment, or mobile home ? (circle one)

If you rent, what is your landlord's name and phone number ? _____

Please complete the information shown for each cat/dog you have at home:

PET NAME	CAT OR DOG?	SPAYED/ NEUTERED? (Y/N)	DISTEMPER SHOTS CURRENT ? (Y/N)	RABIES SHOTS CURRENT? (Y/N)	FIV TESTED? (Y/N)	LEUKEMIA VACCINATED? (Y/N)

IF MORE THAN FOUR PETS, PLEASE INCLUDE THEIR INFO ON AN ADDITIONAL SHEET OF PAPER

Please list the veterinarian(s) who take care of your pets:

(Name/Phone#) _____

(Name/Phone#) _____

PLEASE COMPLETE BACK SIDE OF APPLICATION

If you have ever cared for young kittens, young puppies or an injured animal, please tell us all about that:

Do you have an area in your home which can be used to confine and segregate foster pets? _____

Do you have one or more crates to hold pets? _____ Size(s) _____

Is your yard fenced? _____ How often will no one be at home with the pets? _____

What type of foster care are you able to provide? Please check **all** that apply:

- | | |
|---|---|
| <input type="checkbox"/> Pregnant dogs | <input type="checkbox"/> Pregnant cats |
| <input type="checkbox"/> Bottle-fed puppies | <input type="checkbox"/> Bottle-fed kittens |
| <input type="checkbox"/> Weaned puppies | <input type="checkbox"/> Weaned kittens |
| <input type="checkbox"/> Dogs/puppies requiring medical treatment | <input type="checkbox"/> Cats/kittens requiring medical treatment |
| <input type="checkbox"/> Dogs requiring socialization | <input type="checkbox"/> Cats requiring socialization |
| <input type="checkbox"/> Adult dogs (male / female / both ?) | <input type="checkbox"/> Adult cats (male / female / both ?) |

Number of foster animals you can care for at one time:

Dogs _____ Puppies _____ Cats _____ Kittens _____

If fostering dogs, what size, age and activity level of dog can you handle? Any limitations? _____

Can you provide transportation to/from vet appointments and adoption events? _____

Are you interested in participating in adoption events? (Olean/Cuba area, PetSmart Buffalo, etc.) _____

Are there any factors we should know about which could hinder your fostering pets (such as vacation or travel schedules, allergies, etc)? _____ If so, please explain: _____

Please tell us anything else we should know when evaluating your application. _____

I understand the questions above and give Joyful Rescues permission to contact my veterinarian and/or landlord to verify information. I understand misrepresentation or omission of facts is cause for application denial. I understand that fostering animals is a big responsibility and should not be taken lightly. I feel I have the extra time needed to devote to fostering.

Signature _____

Date _____