



APPLICATION TO FOSTER

Please complete the form below, detailed answers are appreciated. When completed you can submit this form via email to k9kareadoptme@gmail.com

CONTACT INFORMATION

Full Name: _____ Are you over the age of 18? _____

Please list the full names of all adults who live in the home:

What is your occupation and the occupation of all adults?

Full address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Best phone number(s) to reach you: _____ When is the best time to call? _____

Email address: _____

FAMILY & HOUSING

What is the relationship between you and the other adults in your household?

How many children are in your household and what are their ages?

What type of home do you live in? (Single family, apartment, townhome, farm, etc.)

Length of time at this address: _____

Do you rent or own? (If you rent, please explain whether you lease or are month-to-month and provide your landlord's full name & address)

By providing the landlord's information, you are allowing K9Kare to contact your landlord. Please inform them of this call so they will speak to us.

Please describe your household mood, activity level, etc.:

Does anyone in the family have a known allergy to dogs/cats? _____

Is everyone in agreement with this decision to adopt a dog/cat? _____

Do you have time to provide adequate love and attention?

Please describe your backyard or outdoor space, include fencing information such as type and height:

OTHER PETS

Please list all other pets you currently have in your household including type, breed and age:

Are all these pets up to date on their vaccinations? _____

Are all pets spayed/neutered? If not, why?

Have you previously owned any other pets? Please provide details on when, type, etc.:

Have you ever had to surrender a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline/correct your pets?

Do you have an understanding of basic training (house breaking, sit, no jumping, etc.)

ABOUT THE DOG/CAT YOU WISH TO FOSTER

Please explain the ideal cat and/or dog you would like to foster:

Would you be willing to foster an animal which requires the following (tick all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Spay/neuter | <input type="checkbox"/> Health issues (requires regular medication) |
| <input type="checkbox"/> Behavior issues (fear/anxiety) | <input type="checkbox"/> Requires grooming |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Requires professional training |

Desired age: _____ Desired sex: _____ Desired size: _____

Desired breed(s):

Are there any breeds you would NOT foster and why?

Where will the dog/cat spend the day? Please describe

Where will the dog/cat sleep? Please describe

Number of hours (average) the dog/cat will spend alone and where?

Who will have the primary responsibility for the dog/cat's daily care?

Do you agree to keep this dog/cat as an indoor pet? _____

When the dog goes out, who will be supervising it?

Do you agree to contact K9Kare if you can no longer foster the dog/cat? _____

Are you willing to let a representative from K9Kare visit your home by appointment? _____

Do you have access to a camera, internet, social media so you can provide photos, videos and answer any questions our adopters may have? _____

Do you have access to a vehicle for transportation? Please explain.

Are you willing to participate in (tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adoption events | <input type="checkbox"/> Vet appointments |
| <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Training sessions |
| <input type="checkbox"/> Meet & greets | <input type="checkbox"/> Home visits & interviews |

How did you hear about K9Kare? _____

Would you be willing to adopt your foster if they were a good fit? _____

VETERINARIAN INFORMATION

Veterinarian name: _____

Clinic name: _____

Phone number: _____

By providing K9Kare with this information you are allowing us to call your vet. Please call and ask them to authorize the release of information to K9Kare.

REFERENCES

Please list two references we can contact in regards to your home life and experience with pets.

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

All of the information I have given is true and complete.

This dog/cat will reside in my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Signature: _____

(type is acceptable)

Date: _____

Thank you for submitting your application for a dog/cat with K9Kare! Someone will be in touch with you shortly to review your application.