

Date Received:

Applicant Name:

TELL US ABOUT ALL PETS THAT ARE CURRENTLY PART OF YOUR HOUSEHOLD

Breed	Name	Age Now	Sex Male Female	Microchip/Tattoo? Yes No
How did you acquire this pet?		Age Then	Neutered/Spayed? Yes No	Licensed? Yes No
			Vaccinations Current? Yes No	Where does this pet stay?
			Tested neg for FeLV/FIV? Yes No	
Breed	Name	Age Now	Sex Male Female	Microchip/Tattoo? Yes No
How did you acquire this pet?		Age Then	Neutered/Spayed? Yes No	Licensed? Yes No
			Vaccinations Current? Yes No	Where does this pet stay?
			Tested neg for FeLV/FIV? Yes No	
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Breed	Name	Age Now	Sex Male Female	Microchip/Tattoo? Yes No
How did you acquire this pet?		Age Then	Neutered/Spayed? Yes No	Licensed? Yes No
			Vaccinations Current? Yes No	Where does this pet stay?
			Tested neg for FeLV/FIV? Yes No	
Are any of your pets currently under treatment / taking medications? Yes No				
If yes, please describe:				
Describe how your current pets interact with each other:				
What brand / type of pet food do you use?				
How many litter boxes do you have, and where are they placed?				

WHAT OTHER PETS HAVE YOU HAD IN THE LAST FIVE YEARS?

Breed	Name	How long did you have it?	What happened to it? Year?	How old was it at the time?

Has a pet died on your premises of distemper, leukemia, parvo, or unknown causes in the last 3 months? Yes No

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PLANNING AHEAD

How would you introduce foster animals to your family and current pets?
Describe how your pet will be cared for if you are away for more than a day:
How would you handle problem behavior (aggression, destructive behavior, marking) on the part of a pet?

WHO HANDLES YOUR PETS' MEDICAL NEEDS?

Veterinarian	Clinic Name / Address	Contact Phone

REFERENCES – PROFESSIONAL OR PERSONAL (NON-FAMILY) PREFERRED

Name	Years Known	Relationship	Contact Phone

Insurance and Liability

Approved volunteers in good standing may be protected under the "Directors and Officers" liability policy held by AAI. Such coverage may only exist while volunteering on behalf of AAI and under the direction of AAI staff or another authorized volunteer. Volunteers are expected to understand the inherent risks of volunteering with AAI. Further, volunteers hereby waive any claims against, indemnify, and hold harmless AAI, Inc., its respective officers, directors, employees, sponsors, representatives and volunteers from any and all liability, including attorney fees, which may result from illness, personal injury, property damage, or wrongdoing resulting from involvement with AAI's volunteer program.

Initials / Date _____

I understand the goals and mission of Animal Aid, Inc. As an Animal Aid volunteer, I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization.

Initials / Date _____

I attest that the above information is accurate and give Animal Aid, Inc. permission to verify any of the above. I understand that giving false information is grounds for denying my application.

Signed _____

Date _____

Note: Applicant must be at least 18 years of age to sign a foster agreement.

Reserved for Office Use	
Required	Additional Notes
Approved: Y N	
Date:	
Evaluator:	