



Foster Application for a Dog Cat

Animal Aid, Inc.
www.animalaidpdx.org

Have you already spoken to a Foster Coordinator?

If Yes, who and when:

How did you hear about Animal Aid?

Email: foster.dog@animalaidpdx.org or
foster.cat@animalaidpdx.org

Mail: 5335 SW 42nd Ave
Portland, Oregon 97221
Fax : 503-296-4957

Date Submitted:

HOW CAN WE REACH YOU?

Name(s)	Date of birth (must be 21 or older)	Home Phone	Work Phone (if we may call it)
Street Address (include Apt #)		Home Email	Work Email (if we may use it)
		Cell Phone	Other
City, State Zip Code		Your Employer and occupation	

TELL US ABOUT YOUR DECISION TO FOSTER

Why are you considering fostering?

Describe the type of pet (personality, energy-level, size, quantity) that you think would best fit your circumstances:

Age preference? If yes, please describe:	Preferred Sex
Are you willing to medicate an animal? Are you willing to housebreak / litter box train an animal? Do you have any experience in training or behavior modification? If yes, please explain:	

TELL US ABOUT YOUR HOUSEHOLD

Are there children living in your home, or who visit regularly? If Yes, what are their ages?	Please list the names and relationships of adults in home.
Does anyone in the household have animal-related allergies? If Yes, what steps will you take?	
Is everyone in your household in favor of fostering a pet? If No, how will you deal with this?	

TELL US ABOUT WHERE YOU LIVE

Is your residence a: House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Do you: Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Other <input type="checkbox"/> How long have you lived at your current address? Years <input type="text"/> Months <input type="text"/>	Do you plan to move soon? If you move will the foster pet go with you? If No, where will it go?
RENTERS ONLY Apt Complex / Mgr or Landlord name: Mgr. Contact Phone	What is the Pet Policy concerning the allowed number and type of pets? Pet deposit amount: Pet Deposit Paid?
Describe your home, yard, and neighborhood	Do you have a pet door?
Where will your new pet stay during the day? How many hours would it be alone?	At night?
How do you confine your animals to your property?	

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

Breed	Name	Age Now	Sex Neutered/Spayed?	Microchip/Tattoo? Licensed?
How did you acquire this pet?		Age Then	Vaccinations Current? Tested neg for FeLV/FIV?	Where does this pet stay?
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Are any of your pets currently under treatment / taking medications? 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?

If you need to list additional pets, please list on a separate document.

PLANNING AHEAD

How would you introduce a new animal 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

Are any of your pets currently under treatment / taking medications?
If yes, please describe:

Has a pet died on your premises of distemper, leukemia, parvo, FIP or unknown causes in the last 3 months?

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: Applications submitted via email may be signed later during the interview process.
Note: Applicant must be at least 21 years of age to sign an adoption contract*