



Advocates for Animals in Jackson County

PO Box 495

Sylva, NC 28779

[www.advocatesforanimalsjc.org](http://www.advocatesforanimalsjc.org)

828-477-4775

## **Foster Application**

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### **Contact Information**

Name of foster parent(s): \_\_\_\_\_ Occupation(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Best time to call: (Circle one)      Morning      Afternoon      Evening

Email address: \_\_\_\_\_

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### **Residence Information**

Address: \_\_\_\_\_

Length at current address: \_\_\_\_\_

Type of Residence: (Circle one)      House      Apartment      Condo/townhouse      Other: \_\_\_\_\_

Do you rent or own your residence?     Rent     Own

May we contact your landlord to verify permission for fostering?     Yes     No

Landlord contact information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any breed restrictions for your home or community? If so, what are they?

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Do you have a fenced-in yard?  Yes  No

When the dog goes out, how do you plan to supervise it? \_\_\_\_\_

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### Animal History

Do you have any pets? If so, what kind and how many?  Yes  No

Are your pets up to date on vaccinations?  Yes  No

Are your pets spayed/neutered?  Yes  No

Would you be willing and able to supply vet records for your current pets?  Yes  No

Do any of your pets have a history of aggressive tendencies (not getting along with other dogs, food, etc.)? \_\_\_\_\_

How many hours per day will the foster pet be alone? \_\_\_\_\_

Where do your pets spend time when you are not home? \_\_\_\_\_

Where will the foster pet be when you are not home? \_\_\_\_\_

Where do your pets sleep at night? \_\_\_\_\_

Where will the foster pet sleep at night? \_\_\_\_\_

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### Household Information

Is everyone in the home in agreement with fostering?  
If yes, please provide names, signatures and ages below.

_____	_____	_____
Name	Signature	Age
_____	_____	_____
Name	Signature	Age
_____	_____	_____
Name	Signature	Age
_____	_____	_____
Name	Signature	Age

How would you describe your household? (Active, quiet, noisy, etc.) \_\_\_\_\_  
\_\_\_\_\_

Is anyone in the household allergic to dogs? \_\_\_ Yes \_\_\_ No

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**Foster Pet Information**

Please check all species you are interested in fostering: \_\_\_ Dogs \_\_\_ Cats \_\_\_ Other

Are you interested in fostering (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Cats with no special needs       | <input type="checkbox"/> Dogs with no special needs/behavioral issues |
| <input type="checkbox"/> Cats with special needs          | <input type="checkbox"/> Dogs with special needs/behavioral issues    |
| <input type="checkbox"/> Cats with a medical condition    | <input type="checkbox"/> Dogs with a medical condition                |
| <input type="checkbox"/> Nursing cats with kittens        | <input type="checkbox"/> A dog through heartworm treatment            |
| <input type="checkbox"/> Kittens that need bottle feeding | <input type="checkbox"/> Nursing dogs with puppies                    |
| <input type="checkbox"/> Kittens eating on their own      | <input type="checkbox"/> Puppies in need of bottle feeding            |
|   | <input type="checkbox"/> Puppies eating on their own                  |

Please list any experience with the above needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

Please list someone who is familiar with both you and your pets.

Name:  
Address:  
Phone:  
Relationship (relative, neighbor, friend, etc.):  
Years known:

Name:  
Address:  
Phone:  
Relationship (relative, neighbor, friend, etc.):  
Years known:

Name:  
Address:  
Phone:  
Relationship (relative, neighbor, friend, etc.):  
Years known:

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**As a foster parent, you agree to:**

(Initial)

- Keep your foster as an indoor pet.
- Keep a collar and appropriate ID on your foster animal at all times.
- Leash your foster when outside of a fence.
- Notify the foster coordinator immediately if a foster pet goes missing.
- Notify the foster coordinator immediately if a foster pet becomes injured or ill.
- Administer any and all medications as prescribed (when applicable).
- Return the foster animal without any delay when asked to be returned.
- Give your foster coordinator ample time (at least one week) to make other arrangements if you are no longer willing or able to take care of the foster animal.

**As a foster parent, you understand that:**

(Initial)

- All foster animals belong to Advocates for Animals even if they are under your care.
- If the animal you are caring for should need medical attention you are required to contact the foster coordinator immediately.
- if you take the foster animal to your own vet, or any vet, without authorization, you can be held financially responsible for all charges.
- At no time is the foster pet to be given any type of medication or supplements without approval from your foster coordinator.
- You are not permitted to adopt out the foster yourself; all adoptions must be approved and processed by Advocates for Animals.
- Should you decide to adopt the foster pet, you are required to go through the adoption process, which includes submitting a completed adoption application.
- Any bodily injury or property damage incurred from or as a result of a foster animal is your responsibility and Advocates for Animals or any of its members will not be held responsible or liable.
- Advocates for Animals' first priority is the best interest of the animals in our care and we reserve the right to refuse fostering to anyone for any reason.

All of the information I have given is true and complete. I will provide this foster pet with the provided dog food, plenty of fresh water, indoor shelter and affection. By signing below; I am agreeing to fully comply with the above statements.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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