

SAFE PAWS PROGRAM

Foster Family Application

Our mission is to provide safe shelter option to pets of the families who are leaving a domestic violence situation.

Today's Date: _____

Personal Information:

Name: _____ Name of Co-Applicant: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____

Driver's License Number: _____ Applicants DOB: _____

Employer: _____ Co-Applicant's Employer _____

E-Mail Address: _____

Household Information: The following information will help the Safe Paws Program to determine the types of animals which would be available to you for foster.

What type of home do you live in? House Apartment Trailer Condo Duplex

Do you own or rent? Own Rent

If you own, you may be asked to provide proof of home ownership. i.e. copy of tax statement. If you rent, you will be asked to provide a copy of the lease agreement or the Safe Paws Program will be happy to contact your landlord to verify the types of pets your lease allows.

Landlord's Name: _____ Landlord's Phone Number: _____

Home Environment:

Do all members of your household know you plan to foster a pet? Yes No

How many children reside in your home? _____ Please list their ages: _____

Is anyone in your household allergic to pets? Yes No If yes, list: _____

Do you have a separate room where the animal(s) can be isolated if required? Yes No

Are there any special considerations as to the temperament or health of your animals that we need to consider before placing a foster pet in your home? Yes No If yes, please explain: _____

Pet Information: Please list below all animals that have been in your care in the last five years:

	Name	Age	Sex	Breed	How long have you owned your pet?	Where is the animal now?
Pet 1						
Pet 2						
Pet 3						
Pet 4						

Veterinarian Name: _____ Phone Number: _____

What kinds of animals are you interested in fostering? (Check all that apply.)

- Injured Animals Yes (Cat) Yes (Dog)
- Pregnant/Nursing Animals Yes (Cat) Yes (Dog)
- Minor contagious medical condition Yes (Cat) Yes (Dog)

Are you willing to take a dog/puppy that may not be housebroken? Yes No

Who will be responsible for the care of this pet? _____

What training methods would you use to handle potential problems like crying, barking, chewing, scratching, etc?

Other _____

I understand that any false statements on this application constitute grounds for denial of the application. The Safe Paws Program and the Fargo Moorhead Humane Society reserves the right to refuse to foster to any person(s).

Authorization For Medical Records Release

I hereby authorize the Safe Paws Program and the Fargo Moorhead Humane Society, located at 1201 28th Avenue North, Fargo, ND, to contact the veterinarian(s) listed above to verify veterinary care history.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

References

Reference #1 (not a relative)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Relationship _____

Reference #2 (not a relative)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Relationship _____