

Fayetteville Animal Services Fostering Program Application

Date ____/____/____

Name: _____

Please Print

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Primary Email Address: _____

DL or SS #: _____ State: _____ Date of Birth _____

Do you own or rent where you are currently living? _____

If you rent, please list your landlord's name and phone number:

Do you have a fenced yard? _____ If yes, please describe enclosure (size, height, type, etc): _____

Describe the shelter you will provide your foster animal: _____

Do you have children at home? _____ If yes, please list the children's ages:

Do you currently own any pets? _____ If yes, how many? _____

Please list their breeds and ages:

Veterinarian's contact info: _____

Are your pets current on their vaccinations? _____

Have your pets been spayed or neutered? _____

How many adults live in your household? _____

Is anyone in your household allergic to animals? _____

Is someone home during the day? _____

How long will the animal be left alone? _____

What type of animal would you prefer to foster (age, size, breed, etc...) _____

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What kind of animal(s) are you prepared to foster? (Please check all that apply)

Cats/Kittens with behavioral issues

Dogs/Puppies with behavioral issues

Cats/Kittens with medical/age issues

Dogs/Puppies with medical issues/age

Will you agree to a home visit by the Animal Services Superintendent, the Programs Administrator, or an Animal Services Officer? _____

General Points of Operation:

- 1) The purpose of our fostering program is to offer certain select animals that are either special needs, a chance to improve their adoption potential and to rehabilitate in a home environment. Fostering is **NOT** a substitute for adoption, nor will we allow anyone to foster an animal that we would not allow to adopt that animal. The ultimate goal of each foster care situation is to give the animal an increased chance of adoption.
- 2) The Shelter will pay for and administer the animal's vaccines, first medications, and tags. If additional medical care is needed the foster parent **MUST** consult the Shelter Veterinarian and the Programs Administrator. If it is after hours, call police dispatch at 587-3555 and explain the situation so that the proper parties may be paged. The Shelter *cannot* reimburse foster parents for medical bills. The foster parent pays for items such as litter boxes, pet food bowls, and pet food.
- 3) The fostered animal must be under the direct supervision of the foster parent only. The animal must be returned to the Shelter whenever a foster parent is going to be away from home for more than one day.
- 4) We will include in the fostering agreement the date on which the fostered animal must be returned to the Shelter. If you do not return the animal on the specified date or call to make other arrangements with the Program Administrator, we will send an Animal Control Officer to reclaim the animal. Animal Services also reserves the right to periodically check on the animal's condition and progress while in foster care.
- 5) Lastly, when fostering for behavioral or health issues the fostering time period is dependent upon the needs of the animal. Therefore, it can be hard to estimate how long the animal will be in your care.

Thank you for your interest in our fostering program. We know that being a foster parent is not easy and takes dedication and commitment to animals. Fostering requires the type of person who can take home a needy animal to care for, bond with, and then return to the Shelter when they become adoptable. The person who fosters has to be loving, yet able to let the animal go. We appreciate your commitment to the animals.

Signature

Date