

GARDENIA E JANSSEN ANIMAL SHELTER

Care-Bridge/Foster Application

Fostering an animal can change and save lives and we appreciate your interest in becoming involved. We have certain requirements to ensure the safety and well-being of our animals in foster homes. Submitting this application does not guarantee approval, nor does it guarantee the availability of a specific animal. Primary applicants must be at least 18 years of age. GJAS, whenever possible, will conduct a home visit prior to accepting foster care givers.

Please answer all questions.

Contact Information:

First & Last Name: _____

Email Address: _____

Phone Number: home _____ cell _____ work _____

Preferred method of contact: _____

Home address: _____

Foster Interests:

Preference: Cat(s) Kitten(s) Dog(s) Puppy(s)

Other _____

Does your home require any special permission to have a pet in the home? Yes No

If so, please attach a written letter of approval from landlord. _____

Specifically, my household is able to foster: (check all that apply)

_____ pregnant cat _____ nursing cat and her litter _____ kittens 0-4 wks of age

_____ older kittens 4-10 wks of age _____ adult cat _____ senior cat

_____ cat or kitten recovering from injury or surgery

_____ cat or kitten receiving treatment for an upper respiratory infection

_____ cat or kitten receiving treatment for ringworm

_____ cat needing behavioral modification

Specifically, my household is able to foster: (check all that apply)

- a pregnant dog
- a nursing dog and her litter
- puppies 0-4 weeks old
- puppies older than 4 weeks
- an adult dog
- a senior dog
- dog or puppy recovering from an injury or surgery
- dog or puppy receiving treatment for an upper respiratory infection
- dog or puppy receiving treatment for ringworm
- dog needing behavioral modification

Have you ever fostered for GJAS? Yes No

If so when and what animal(s): _____

Are you currently fostering or qualified to foster for any another organization? Yes No

If yes, please give details: _____

Are you currently caring for any stray pets? Yes No

Detail your previous personal experience with animals, including your personal pets and any other foster animals:

In the event your foster experience includes house training, please detail how you will accomplish this:

Do you have any pets of your own?

Yes - cats

Yes - dogs

Yes - other _____

Yes - a mix of pets _____

No

List all pets, including pet type, age, sex, breed (if applicable) and the date of the last rabies vaccination/per pet.

How will you foster animals separate from your personal pets if necessary?

Does anyone in your home have known pet allergies? Yes No

Does everyone in your home agree to foster this animal? Yes No

List the name and age of all people in your home. Indicate how these people will be involved in fostering, if at all:

How many hours will the pet be home alone? _____

Where will the animal stay during this time? _____

Where will the animal sleep at night? _____

REFERENCES

Please provide the name and phone number to your primary veterinary clinic:

Please provide the name and phone number to a secondary veterinary clinic:

Please provide the name and phone number to an individual aware of your commitment to caring for animals:

Foster Parent Print Name: _____

Foster Parent Signature: _____ Date _____