



629 Oakland Park Avenue
Columbus, Ohio 43214
614-267-PAWS

FOSTER APPLICATION

Name: _____ DOB: _____

Address: _____
Street City County State Zip

Home Phone: _____ Hours best reached at this # _____

Cell Phone: _____ Hours best reached at this # _____

Work Phone: _____ Hours best reached at this # _____

Email Address: _____

Reference Names (only one may be a relative):

Name	Phone	Relationship to you
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Name	Phone	Relationship to you
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Are you a student: _____ Place of Employment: _____

Do you: _____ rent an apt _____ rent a house _____ own house _____ own condo
_____ Live with Parents _____ Other (explain) _____

If rent: Landlord's name/phone: _____

of Adults in Home _____ # of Children in Home & Ages _____

Has anyone in your household been charged or convicted of a crime related to violence? _____ (if yes, explain on back of this page)

You are interested in fostering (circle all that apply): young orphan kittens; young kittens that no longer need a mother; young kittens with nursing mother; adult cats; orphan puppies; nursing pups with mother; adult dogs small breed dogs; large breed dogs; dogs that need extra socialization and training

If fostering a cat, do you understand that you are NOT to let the cat outside under any circumstances? _____

If fostering a dog, do you expect it to have accidents in your home, even if it is housebroken? _____

How do you plan to deal with behavioral problems that can very likely arise with your new or current pet(s)? _____

How many pets currently reside in your home? Please give name, breed & age:

How long have you owned the pet(s) above? _____

Are your pet(s) current on vaccinations? _____ Are they spayed/neutered? _____

What pets have you owned in the last five years? (Provide name, age, breed):

When and why did your relationship end with the pet(s) listed above?

Where will the foster pet(s) stay during the day? _____ at night? _____

Do you have a fenced in backyard? _____ Do you own a crate? _____

Your veterinarian: _____ Phone #: _____

Do you have any specific breed or behavioral experience? _____

Are you a current volunteer at the shelter? _____

Have you applied here before? _____ Have you adopted here before? _____

Pets Without Parents, Columbus relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested may serve as a rejection of your application. By signing the application, you are authorizing the use of any screening agencies to verify criminal history and validate the accuracy of all information above and you give Pets Without Parents, Columbus permission to call your references, landlord, and veterinarian. I understand that Pets Without Parents, Columbus reserves the right to reject any application for any reason.

Applicant's Signature _____ Date _____

Release of Liability:

As a volunteer/foster parent for Pets Without Parents, Columbus, I, for myself, my heirs, executors, and administrators, waive and release all rights and claims to damages I may have against Pets Without Parents, Columbus or its representatives for any injuries suffered by me or damages rendered to my property while I am a volunteer/foster parent. I understand this waiver extends to any individual or organization providing animals to Pets Without Parents, Columbus. I attest that I am physically fit and that my personal health can be verified by a physician.

Applicant's Signature _____ Date _____

FOSTER PROGRAM RULES

As a foster parent, you must be able to do the following:

Care for one or more pets in your home. You may find it necessary to keep the foster pet(s) separate from your own pets. PWP will provide food, litter, crates and other supplies needed. PWP will supply medication if deemed necessary. You will be responsible for administering the medication as prescribed.

Transport pets to veterinary appointments, off-site adoption events, behavioral training classes, and any other PWP events. If necessary, PWP can provide transportation with advanced notice.

Ensure that your own pets are current on vaccinations and are altered. Solely, PWP's veterinarian will provide care for foster pets. Please do not take foster pets to your veterinarian. If you do, you are responsible for any costs associated with doing so.

Accommodate a crate in a safe and active area inside your home. The foster pets shall not be housed outside of your home.

Accept a pet(s) for an entire foster period.

The Foster Program is NOT a trial adoption period. If you are interested in adopting the foster pet, you will need to complete the application process and fulfill the requirements. Additionally, the adoption fee will apply.

Please do not promise or give your foster pet to family, friends, etc. Anyone interested in adopting your foster pet must complete our adoption application and follow the same process as the general public and qualify under our requirements.

Because the pets you foster belong to PWP, please refrain from feeding them anything which is not approved by PWP. This includes treats, edible toys, bones and human food. Some of the pets have food allergies, sensitive stomachs, etc.

If you plan on taking the pet somewhere for an extended period of time, please notify PWP. Since we may need to contact you regarding the pet's adoption, it is imperative that we be able to reach you at any given time. If your contact phone numbers change, please let us know immediately.

You are responsible for the actions of your foster pet(s). If a bite should occur, your homeowner's or renter's liability insurance must cover this occurrence. Please discuss this with your insurance agent prior to fostering for PWP to be sure you have the proper insurance coverage.

Although it is extremely unlikely, the possibility that your foster pet may be euthanized exists. Please reconcile yourself to this possibility.

By signing below, you acknowledge that you have read this document and fully understand the contents and furthermore you agree to abide by these rules.

Printed Name

Signature

Date