

Animal Orphanage

Foster Application
71 airport road, old Town Maine 04468

Thank you for your interest in becoming an Animal Orphanage foster caregiver. This questionnaire is designed to help us understand your household so that we can ensure the best animal placement in your home. Any individual interested in providing foster care must complete the application. In order to become **a foster all pets in the home must be current on Rabies and Distemper and altered.**

Name: _____

Date: _____

Street Address: _____

City: _____

Mailing address: _____ State & Zip-code: _____

Phone Numbers

Email: _____

Home: _____

Do you (circle one): OWN

RENT

Work: _____

Landlords Name: _____

Cell: _____

Landlords Phone: _____

Why do you want to join the foster care program?

How did you hear about our foster program?

Please list the people that live in your home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Who will be the primary caregiver for the foster animal(s)? _____

Is any member of your household allergic to animals? Yes No

Do you smoke or does anyone in your house smoke? Yes No

How many hours a day would the animal be left alone? _____

Who is your veterinarian? _____ Phone: _____

May we contact them for a reference? Yes No

Do you have objections to an Animal Orphanage representative visiting your home? Yes No

Would you be able to medicate the foster animals if needed? Yes No

Would you be able to transfer the foster animals to our vet if needed **after communicating with us** ?
Yes No

Do you understand that the animal may not be house broken or may have behavioral issues? Yes No

Do you travel regularly? Please list times of year you can and cant foster.

Please list the animals that live in the household:

Name	Breed	Age	Altered(yes/no)	up to date on vaccines?
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indoor/outdoor

If you don't currently have any pets at this time, please explain your prior pet experience: _____

Do any of your current animals in your household need medical care or have medical conditions? (due for vaccines, yearly exam, needs flea control, on medications or a specific diet, FIV or Feline Leukemia positive etc.) _____

Please describe the area in which you plan to keep the foster animal(s). Remember in most circumstances they need to be kept separate from your own animals.

Are there restrictions to the size, type, or number of pets you can/want to foster? If so why? _____

What type of animal(s) would you be willing to provide care for?

Cat _____ Kittens _____ Cat with litter of kittens _____

Rabbit _____

Small dog _____ Large dog _____ Reptile _____ Small Animals _____

We require foster caregivers to adhere to their medical schedule unless an emergency prevents this from happening, thus we need communication ahead of time if dates don't work. **We require fosters to bring the animals back when requested.** As a foster, you must understand we need timely contact return of animals and current contact information for you at all times.

Are you able and willing to make the commitment to provide foster care? Initial : _____

We request that you bear with us if we cannot accept the animals on their tentative return dates. Being a no kill shelter, we never know how much space will be available and being slightly flexible will allow the animals to stay healthier and find loving and permanent homes.

Are you able and willing to provide this flexibility? Initial: _____

Becoming a foster caregiver brings both joy and heartache. Joy in the knowing you have given an animal a second chance at a happy life and heartache in knowing that not all animals can and will survive. Sometimes the animal shelter must make decisions about humanely euthanizing an animal when they fail to thrive or have health issues that are not possible to treat. We try to be respectful of the attachment foster families make to the animal s in their care, and understand that a strong bond forms quickly, but may not be able to contact you regarding the outcome.

Do you feel that you and/or your family are willing and able to abide by and support decisions regarding quality of life made by the Animal Orphanage? Initial: _____

You must understand that we have a veterinarian that we strictly take our animals to, if something comes up that you think is serious and needs vet assistance you need to **call us immediately** so we can act accordingly. You must give medications as prescribed by the vet. If a foster needs medications, pickup needs to be timely and made priority. Initial: _____

Zoonotic diseases are those that can be passed from other species to humans. Examples are ringworm, rabies, hookworms, roundworms. We impress upon all fosters that the safe handling techniques and hygiene are important elements of sharing our homes with pets. Hand washing after handling and monitoring the health and behavior of the animals in your care is critical. Please understand that many animals arriving into the shelter have had no previous veterinary care and may expose your companion animals and/or you to these diseases. While the occurrence of disease transmission is rare, please understand that the Animal Orphanage cannot assume financial, medical, or veterinary responsibility for nay transmission that may occur to you, your family or companion animals. Anyone who is pregnant or may become pregnant, has a compromised immune system, or young children should consult their physician before welcoming a foster animal into their house.

If you fully understand the responsibility and possible risk please initial _____

By signing below, I _____ attest that the information in this application is accurate and true to the best of my knowledge **and providing false information about your animals or situation is a breach of contract.** I acknowledge I have read and understand the possible risks of Zoonotic diseases and of fostering animals in my home. I have expressed any concerns or questions

with the foster care coordinator of the Animal Orphanage. If you have any questions please call the shelter at 207-827-8777 or email our Foster coordinator Shannah Labay at TheAofosters@gmail.com.

Signature

Date