



## FOSTER CARE APPLICATION

Email completed form to [PoochKabooseInc@gmail.com](mailto:PoochKabooseInc@gmail.com)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Driver License# \_\_\_\_\_

Email Address: \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How many Adults live in the household? \_\_\_\_\_

How many children live in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Which do you prefer to care for (please check all that apply):

Adult Dogs: \_\_\_\_\_ Puppies: \_\_\_\_\_ Nursing Dog Moms with Puppies: \_\_\_\_\_

Are you a general MAR volunteer (attended a Volunteer Orientation): Yes \_\_\_\_\_ No \_\_\_\_\_

**You will be required to attend a Foster Orientation.**

Do you currently have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Are they current on rabies vaccination(s): Yes \_\_\_\_\_ No \_\_\_\_\_

Are your dogs licensed: Yes \_\_\_\_\_ No \_\_\_\_\_

(Pennsylvania state law requires that all dogs over 3 months have a current rabies vaccination and license).

Please circle any diseases your household pets may have or had: Parvo, Distemper, Feline Leukemia, FIV,

Other: \_\_\_\_\_ When: \_\_\_\_\_ Veterinarian/Practice Name: \_\_\_\_\_

Veterinarian #: \_\_\_\_\_

Do you have an enclosed outdoor area: Yes \_\_\_\_\_ No \_\_\_\_\_

Where will your foster animal be housed? \_\_\_\_\_

How long will you be able to foster an animal or litter? \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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