

Please print out our [FosterHome](#) application and bring it to our center at 4261 Culver Road, on Saturday or Sunday - or mail it to:

Pet Adoption Network - P.O Box 17126 - Rochester, NY 14617

Pet Adoption Network Foster Home Application

Note: Application must be filled out completely

Date: _____

Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Phone (home): _____ (work): _____ (cell): _____

E-Mail: _____

How long have you lived at this address? _____

Do you own your own home? : yes no

If no, please explain: _____

How did you hear about Pet Adoption Network?

How many children do you have?:

Boys: _____ age: _____ Girls: _____ age: _____

Total number of people in the household? _____

Are all household members committed to acting as a foster home?: yes no

Does anyone have allergies? yes no

Type of allergy: _____

Who will be the primary caregiver? _____

Age of caregiver: _____

Applicant is: Employed Student Retired

Work schedules: _____

Where will the pet be kept?:

Day: _____

Night: _____

Do you have an area in your home which could be used to isolate foster pets from your current pets?: yes no

Explain: _____

Animal(s) which you would like to foster (circle all that apply):

cat kitten(s)

Do you have any previous experience as a foster home? yes no

If yes, explain: _____

Would you be comfortable medicating a foster pet, if necessary?: yes no

Do you have your own transportation for vet appointments & adoption events?: yes no

Would you be able to bring your foster pet to the Adoption Center most every weekend (Sat &/or Sun) at noon and pickup by 4pm that day?

yes no – If no, explain: _____

Are you willing to care for your foster pet for an indefinite period of time until a permanent home can be found?: yes no

(Note: Some animals take several months to place)

If no, how long are you willing to care for your foster pet? _____

Pet Adoption Network provides all medical expenses for its foster pets. Occasionally, food and litter can be provided. Are you able to provide food and litter for your foster pet when necessary?:

yes no

Are you willing to abide by the rules of Pet Adoption Network regarding the care, handling and placement of foster pets?: yes no

Current pets in household:

	Number	Type/Breed	Age	Male/ Female	Spayed/ Neutered	Indoors	Outdoors	Declawed
Cats								
Dogs								
Other								

Additional comments: _____

Have you had pets in the past? yes no

If yes, for how long and what happened to them? _____

Phone number of Vet: _____

Name of pet(s) registered with your Vet: _____

Are your pets current on all vaccines?: yes no

Additional comments: _____

Note: We are required to call your veterinarian to confirm this information.

By completing and signing this form, I affirm that **I am at least 21 years old** and that the information I have provided is true and complete. I also authorize my veterinarian to release information to Pet Adoption Network concerning my pets.

Signature: _____

Date: _____

Thank you for your Foster Home Volunteer application! A foster home coordinator will be in touch with you.