

SMALL ANIMAL FOSTER PROVIDER

APPLICATION-DISCLAIMER

SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

P.O. Box 493, Chaska, Minnesota 55318 952-368-PAWS (7297)

Please take time to accurately complete the application. Thank you.

Date _____	Name _____
Name of Spouse _____	
Address _____	
City _____	State _____ Zip _____
Daytime Phone # (_____) _____	Evening Phone # (_____) _____
Driver's License # _____	
Are you under 21 years of age? Yes _____ No _____ If Yes, what is your age? _____	
E-mail address _____ Who to call in case of an emergency: _____	
Name of Auto Insurance Company: _____	
Policy #: _____	Expiration Date: _____
Name of Agency: _____	
Agency Phone #: _____	Contact Person: _____

Residence: (check one) _____ House _____ Condo _____ Apartment _____ Hobby Farm _____ Mobile Home _____
Do you Own or Rent? _____ Own _____ Rent _____ If Rent, do you have permission from your landlord to foster an animal? Yes _____ No _____
Name of Landlord _____ Phone # (_____) _____
Do you have children under the age of 18 living in the household? Yes _____ No _____ If yes, list their ages _____
If you have children, what has been their exposure to small animals? None _____ Some _____ A lot _____
<i>Excluding</i> children, spouse and applicant, list any other residents living in the household
1) Name _____ Relation _____
2) Name _____ Relation _____
Is everyone living in the household aware of the decision to provide foster? Yes _____ No _____
If not, list their name (s) _____
Who will be the person responsible for the daily care of the animals such as feeding and cage cleaning? _____
How many adult cats are living in the home? _____
What is the activity level of your household? _____ Quiet _____ Active _____ Very Active _____
How often do people visit your home? _____ Seldom _____ Occasionally _____ Very Frequently _____
Where will the animals be kept? _____
Will the foster animals be housed indoors our outdoors? _____ Indoors _____ Outdoors _____ Both _____
If both, explain _____

If this is *not* your first small animal as an adult, what has been your experience with small animals? Had 1 or 2 Knowledgeable & Experienced
Describe your past experience with small animals and what educational experience you have had with small animals _____

List all of the pets you have owned within the past 7 years:

PET #1 Type (i.e., rabbits, guinea pigs, etc.) _____ Spayed/Neutered? Yes ___ No ___ Male ___ Female ___

Housed: Indoors ___ Outdoors ___ Both ___ If both, explain _____

Do you still have this pet? Yes ___ No ___ If no, explain in detail what happened to the the pet _____

PET #2 Type (i.e., rabbits, guinea pigs, etc.) _____ Spayed/Neutered? Yes ___ No ___ Male ___ Female ___

Housed: Indoors ___ Outdoors ___ Both ___ If both, explain _____

Do you still have this pet? Yes ___ No ___ If no, explain in detail what happened to the pet _____

PET #3 Type (i.e., rabbits, guinea pigs, etc.) _____ Spayed/Neutered? Yes ___ No ___ Male ___ Female ___

Housed: Indoors ___ Outdoors ___ Both ___ If both, explain _____

Do you still have these pet? Yes ___ No ___ If no, explain in detail what happened to the pet _____

(If extra space is needed to list additional pets, use a separate sheet of paper)

Have your own pets been introduced to other animals? Yes ___ No ___ If yes, how did they react? _____

Do you understand the steps required to properly introduce your foster animal to the other animals currently living in your home? Yes ___ No ___

Did your previous pets and/or your current pets receive annual veterinary care? Yes ___ No ___

Name of attending clinic _____

Name of Veterinarian _____ Phone # Of Clinic _____

What is your occupation? _____ Spouse's Occupation _____

How many hours will the cat be left alone while you are at work or away for the day? _____

On the average, how many evenings per week do you spend at home? _____

Are you and/or your family frequent travelers? Yes ___ No ___ If yes, explain: _____

List reasons why you are interested in providing foster care: (If more than one reason, list importance by numbers)

___ Companion for other animals ___ Companion for children ___ To see if children are able to take care of pet ___ Desire to help animals in need

___ To see if children and/or family are ready for a pet ___ Other _____

Supplies you would need: Food ___ Litter ___ Litter Box ___ Carrier ___ Cage ___ Other _____

I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information authorizes Southwest Metro Animal Rescue to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of Southwest Metro Animal Rescue, and any decisions regarding the pet and the pet's future is that of Southwest Metro Animal Rescue. I agree to attend scheduled Adoption Day events with my foster animals.

I acknowledge that Southwest Metro Animal Rescue cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold Southwest Metro Animal Rescue responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by the pet I foster. I understand that any bites or injuries caused by the pet I foster are to be reported immediately to Southwest Metro Animal Rescue. I further agree to be personally responsible for the humane housing and care of the animal(s) I am fostering.

Signature _____ Date _____

Spouse's Signature _____ Date _____

Representative _____ Date _____

Comments _____
