

ROBYN'S NEST FOSTER APPLICATION

Name: _____ Age: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Do you live in a house, apartment, etc. _____

How long have you lived at current address: _____

Do you own or rent?: _____

If you rent: Landlord name: _____ Landlord #: _____

Please list all other animals in household (Name, Breed, male/female, age, spayed/neutered):

Please list all members of household (Name, male/female, age)

Are all members of household interested in fostering? _____

What type of animals are you interested in fostering? (Dog, cat, rat, mouse, guinea pig, Hamster, gerbil) _____

Do you have a fenced in yard? _____
Type and height _____

May we call your vet to inquire about the healthcare of your pets? _____
Dr. or clinic name _____ Phone # _____

What type of activities/exercise do you enjoy with your pets?

Where will the animal sleep? _____

Where will the animal stay when you are not at home?

Why do you want to foster? _____

Occupation: _____

How much time do you spend at home in a typical week? _____

Do you have any experience with pet training, behavior, or healthcare? _____

Would the foster animal be a part of your normal family life? _____

What problems are you unwilling to deal with in an animal? For example- aggression,
Housesoiling, scratching at furniture, health problems, chewing. _____

Are you interested in being involved with showing the animal for adoption? _____
