



Robyn's Nest, Inc.
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www.RobynsNestRescue.com

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	M/F	age	spay/neuter	declawed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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
- Chinchilla
- Rabbit
- Ferret
- Pot Bellied Pig
- Other Farm Animal (please specify) _____

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 # _____
(Please contact your vet's office to give them permission to talk with us about your pets' care.)

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? _____
