



Foster Application

I, _____ agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to foster one or more animals through Fort Wayne Pit Bull Coalition's (FWPBC) foster care program.

Name: _____ Primary Phone: _____

Address: _____ City: _____ State: _____

Email: _____ Alternate Phone: _____

List of all people living in my home, or who have regular contact with my animals and their relationship.

NAME	RELATIONSHIP	AGE IF CHILD

Animals in home:

Dogs:

NAME	AGE	BREED	Owned How Long?	Spayed or Neutered?	Up to Date on Vaccines?

Cats:

NAME	AGE	BREED	Owned How Long?	Spayed or Neutered?	Up to Date on Vaccines?

Other:

NAME	AGE	BREED	Owned How Long?	Spayed or Neutered?	Up to Date on Vaccines?

Veterinarian: _____ Phone: _____

How long have you used this vet? _____

Records are under this name: _____

Where my foster animal will sleep at night: _____

Where my foster animal will stay during the day when I am home:

Where my foster animal will stay during the day when I am not home:

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Employer Information (or business information if self-employed)

Business Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Your Position: _____

Residence Information:

I Own I Rent

Landlord's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Length of time at current address: _____ Fence Type: _____

References (People who know me and my animals, but are not relatives)

NAME	RELATIONSHIP	PHONE	KNOWN HOW LONG?

Name

Date

Foster Preferences:
Please check all boxes that you are willing to foster:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Puppy 2m-6m	<input type="checkbox"/>	Puppy 6m-1yr	<input type="checkbox"/>
Young Adult 1y-5y	<input type="checkbox"/>	Senior 5y-10y	<input type="checkbox"/>
Healthy, No Medical Issues	<input type="checkbox"/>	Minor Medical Issues	<input type="checkbox"/>
Severe Medical Issues	<input type="checkbox"/>	Forever Foster (Senior pets)	<input type="checkbox"/>
Must be good with cats	<input type="checkbox"/>	Must be good with kids	<input type="checkbox"/>
Must be good with dogs	<input type="checkbox"/>	Minor Behavior Issues (potty training, etc.)	<input type="checkbox"/>
Pregnant or Nursing Mother *must have prior experience or go through training.	<input type="checkbox"/>	Moderate Behavior Issues (Possession issues, fear issues, etc.) *must have prior experience or go through training	<input type="checkbox"/>
Foster to Adopt Program	<input type="checkbox"/>	Paired Dogs (two dogs to adopt together)	<input type="checkbox"/>

Please list any restrictions you may have to fostering, or any attributes you are unable to take on as a foster parent:

Please explain any attributes that you would prefer in your foster dog:
