



# Foster Care Program Application

**Thank you for your interest in our Foster Care Program here at PARL!** Please fill out the following information and drop it off or mail to: **PARL 34 Elbow Street, Providence, RI 02903**

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**Foster Applicants are required to be 18 years of age, and also attend a Mandatory Information Session.**

Foster Care Information Sessions are held here at the shelter and will last approximately one hour. *Please indicate which Foster Care Information Session you will be attending :*

Thursday March 29<sup>th</sup> @ 6:30pm       Saturday April 14<sup>th</sup> @ 4:00pm

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Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
*first middle last preferred nickname*

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ **E-Mail\*:** \_\_\_\_\_

*\*Most volunteer communication is through email – information is never shared!*

Employer/School: \_\_\_\_\_  Full Time  Part Time /  Grad  Undergrad

Work Phone: \_\_\_\_\_ May we call you at work?  Yes  No

**To help us to determine which foster animal(s) will be most compatible with your home and lifestyle, please answer the following questions as completely and candidly as possible.**

Are you willing to spend the time and share the space to properly care for this foster animal?  Yes  No

Shelter animals have sometimes been in neglectful and/or abusive situations and therefore, may experience difficulty transitioning to a foster home. Are you willing to be patient during this adjustment?  Yes  No

Check type of residence:  House  Condo  Apartment  Mobile Home  Duplex  Dormitory

Other: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Do you rent or own?  Rent  Own      If you rent, does your lease allow pets?  Yes  No

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all members of your household: \_\_\_\_\_

Is anyone under 18?  Yes  No      If yes, please list the age(s): \_\_\_\_\_

How many pets do you currently own? \_\_\_\_\_ Foster? \_\_\_\_\_

Have you ever adopted from a shelter before? Which one? When? \_\_\_\_\_

**Please list the pets that you currently own/foster: (Add a page if necessary; include all species, large or small.)**

Own or Foster?	Species/Breed	Age	Sex	Spayed/ Neutered?	Can you provide proof that vaccinations are up to date?

**Next page please!** ⇨

Name of your Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you understand that any animals you foster for PARL must be kept separate from your pets or other foster animals in your home? Yes No

Have you ever cared for: Young Puppies Young Kittens Injured/sick Dog Injured/Sick Cat

Please list any prior experience working with animals: \_\_\_\_\_

\_\_\_\_\_

Do you have an area in your house to confine foster animals? Yes No Please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have a fenced yard? Yes No Fence type \_\_\_\_\_ Height \_\_\_\_\_

Where will the animal(s) be kept during the day?(be specific) \_\_\_\_\_

Where will the animal(s) be kept at night?(be specific) \_\_\_\_\_

Where will the animal(s) be kept while you are home?(be specific) \_\_\_\_\_

How many hours will you be away from the home, or how many hours will the animal be left alone? \_\_\_\_\_

Why do you think you would be a good foster home? \_\_\_\_\_

\_\_\_\_\_

Fostering infant animals, litters, or animals recovering from illness requires a time commitment of 1-8 weeks or more.

How many consecutive weeks are you prepared to care for fosters? \_\_\_\_\_

Would you object to having someone from PARL check in on the fostered animals in your care from time to time?

Yes No

Are you willing to bring the animal to PARL events to promote the animal's adoption? Yes No

<b>I am interested in providing foster care for:</b>		
<i>(Please mark all that apply.)</i>	<b>Dogs</b>	<b>Cats</b>
Mother with a nursing litter		
Newborns requiring bottle feeding		
Pregnant mom		
Young, self-feeding		
Injured or sick		
Adult		
More than one adult		
Needs socialization/training		
Behavioral problems		

**Please provide two references** (one Veterinarian and one non-family member):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. The Providence Animal Rescue League reserves the right to refuse any foster care applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This application is the sole property of PARL and will be kept on file.*