

# ARRF Animal Rescue Resource Foundation

7040 AVENIDA ENCINAS, #104, CARLSBAD, CA 92011

WWW.ARRFSANDIEGO.ORG • 619.504.9950 • ARRF.SANDIEGO.WEB@GMAIL.COM

## ARRF Foster Home Application

### Please Print:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell Ph: (\_\_\_\_) \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_

Spouse/Roommate Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Roommate Work # (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Ages of children at home: \_\_\_\_\_

1. Why do you want to provide a foster home? \_\_\_\_\_

2. Please check the ways you can help:

- A Young kittens without nursing mother. May need bottle feeding every 3-4 hours for first 3-4 weeks
- B Nursing cat and kittens
- C Injured animals
- D Nursing dogs and puppies
- E Very young puppies without nursing mother; would need bottle feeding every 3-4 hours for first 3-4 weeks
- F Adult dogs:  Small  Large  Either  Male  Female
- G Adult cats:  Male  Female  Either

3. What animals do you presently own? # of dogs: \_\_\_\_\_ # of cats: \_\_\_\_\_  
Other (specify) \_\_\_\_\_

a. Give breed, or description, sex, and ages of all pets: \_\_\_\_\_

b. Spayed/Neutered?  Yes  No

c. Dogs licensed?  Yes  No

4. Have you cared for young kittens or puppies before?  Yes  No

5. Do you have a fenced yard?  Yes  No How high is it? \_\_\_\_\_

Type of fence: \_\_\_\_\_ Same height all around?  Yes  No

If not, what is the lowest height? \_\_\_\_\_

6. Do you  Own  Rent  House  Condo  Apartment  Mobile Home

If renting, please provide name and phone number of your landlord: \_\_\_\_\_

7. Do you have screens on all of your windows?  Yes  No

[PLEASE COMPLETE PAGE 2]

8. How will you transport your foster pets? Type of vehicle(s):  Small car  Medium car  
 Large car  Van  Closed truck  Open truck  Other  
 Do you have a pet carrier?  Yes  No What size? \_\_\_\_\_
9. How many hours a day will your foster pet(s) be home alone? \_\_\_\_\_  
 Where will your foster pets be during this time? \_\_\_\_\_
10. Describe the area where you intend to house your foster pet(s). Please be specific: [**Outside** (i.e.)  
 fenced yard, dog run, kennel, enclosure, etc.]. [**Inside** (specify room): \_\_\_\_\_

**ALL FOSTER CATS AND KITTENS MUST BE KEPT INDOORS**

11. Is anyone in your household allergic to animals?  Yes  No If yes, explain: \_\_\_\_\_
12. If on vacation, who will be responsible for your pets? \_\_\_\_\_
13. How would you deal with a potential problem such as housetraining , barking, digging, scratching or  
 chewing? \_\_\_\_\_
14. Under what circumstances would you not keep these foster pet(s)? \_\_\_\_\_
15. Will you need assistance with food/animal care products?  Yes  No  
 (With Medical Fund approval, ARRF provides medical assistance)
16. Would you object to an inspection of your premises by an ARRF representative?  Yes  No
17. Are you willing to network the foster pet(s), interview prospective adopters and bring foster pet(s) to  
 adoption events?  Yes  No
18. How did you find out about ARRF's foster program \_\_\_\_\_

A member of our Committee will call to schedule a home visit and to answer any further questions you  
 may have. What is the best time to telephone you? \_\_\_\_\_

**In order to protect your own pets**, it is essential that they be up to date on the following vaccinations:

**DOGS: DHPP, BORDETELLA AND RABIES**

**CATS: FVRCP, RABIES, FELV AND FIP**

**Please return your completed application to:**

<b>FOSTER DOG APPLICATION:</b>	<b>For Office Use Only:</b>	<b>FOSTER CAT APPLICATION:</b>