



Loving Paws, Inc.
PO Box 307
Lake Grove, NY 11755

FOSTER APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

DRIVERS LICENSE # _____ STATE _____

EMAIL ADDRESS _____ AGE _____

1. Do you: Own Rent your home? (If leasing to own, please select "rent")
2. Do you currently live in a: House Apartment Condo Mobile Home Other _____
3. If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:
Name _____ Phone# _____
4. Are you a: permanent or seasonal resident?

5. What types of pets do you **currently** have in your household?

Name Dog/Cat? Male/Female? Spayed/Neutered? When was last vaccination given? How long owned?

6. What other animals have you owned in the past? _____ What happened to them? _____
7. Have you ever surrendered an animal to a shelter or animal control facility? Yes No
If yes, please describe the circumstances _____
8. Who is your Veterinarian or Vet Clinic? _____ Phone # _____
9. How many adults live in household? _____ Children? _____ Ages of children _____
10. Does anyone in your household have known allergies to animals? Yes No If yes, please explain _____

Fostering Preferences

Kitten ____ Cat ____ Age Preferred ____

Will you foster a previously abused animal? _____ Will you foster an animal that has medical problems? _____

Will you foster an animal known to have a biting problem _____ Will you agree to bathe/groom a foster _____

Other preferences for fostering _____

Fostering Experience

Have you ever fostered an animal before; what; for what group? _____

Occupation

If you do work outside the home, what hours do you work? _____

Do you have the time to offer these needy animals the extra attention and love required for their adjustment prior to adoption?

Yes ____ No ____

Where will the animal be kept when you are not home? _____