



Key Adoption Location: _____

PawMatch Foster Application

Name: _____ e-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Hours of Employment: _____

Ages of all people in the household: _____ Are you 21 or older? Yes No

Describe your current lifestyle: Active Laid Back Other: _____

I live in a: House Apartment Townhouse Mobile Home Condo Other _____

Do you: Rent Own Live with Parents Live with roommates If you rent, does your lease allow pets? Yes No

Landlord Name/Phone: _____ Is there a pet deposit? Yes No If so, has it been paid? Yes No

Why do you want to foster for PawMatch? _____

Have you fostered animals before? Yes No, If so, for what organization? _____

Do you have any cats? Yes No, How many? _____ Are vaccinations up to date? Yes No, Are they fixed? Yes No

Temperament of your cats: _____

Do you have any dogs? Yes No, How many? _____ Are vaccinations up to date? Yes No, Are they fixed? Yes No

Are they on heartworm preventative? _____

Temperament of your dogs: _____

I am interested in fostering: Puppies Dogs Mother Dog w/Puppies Kittens Cats Mother Cat w/Kittens

I would like to foster: Short-Term (1-2 weeks) Long-Term (1-3 months) Breed Preference: None or _____

I have given a cat/dog Pills Liquid medication Injections Eye drops/ointment Medical cremes Subcutaneous fluids

I will keep my foster animal(s): Indoors Outdoors Both Other _____

Cats: Where will you keep the foster animal? Bathroom Crate Separate Bedroom Other, _____

Are you able to foster: Mother w/nursing kittens Kittens on the bottle Kittens eating solid food, but are not old enough for adoption Cats/Kittens with ringworm Cats/Kittens with upper respiratory infections (colds) Older cats not doing well in a shelter environment Cats/Kittens after surgery

Dogs: Where will you keep the foster animal? House Garage Crate Outside Other, _____

Are you able to foster: Mother w/nursing puppies Puppies on the bottle Puppies eating solid food, but are not old enough for adoption Dogs/Puppies with mange or ringworm Older dogs not doing well in a shelter environment Dogs/Puppies after surgery Dogs/Puppies with kennel cough Dogs/Puppies with parasites Fenced yard? Yes No How tall? _____

Name, Address, & Phone of Current Veterinarian: _____

Will you take responsibility for the medical care and expenses of a foster animal in case of an emergency? Yes No

When my foster is available for adoption, I will: Relinquish Drop off & pick up daily Drop off & pick up at end of weekend

Please tell us any special skills or additional experience that may benefit your fostering experience for PawMatch: _____

I understand the commitment involved and acknowledge that my services are performed at my own risk and take full responsibility for my actions. I agree to release, indemnify and hold harmless PawMatch, its officers, and employees from any and all claims, damages, and liability arising from or related to my activities as a foster for PawMatch. I agree to return my foster animal to PawMatch when it is ready for adoption. If I find a home for my foster animal, or decide to adopt it myself, I agree to complete the adoption process and furnish all applicable PawMatch documents and fees.

Signature: _____ Date: _____