



ON ANGELS' WINGS PET RESCUE

Foster Parent Application

for Dog(s): _____ Cat(s): _____ Beginning Date: _____

ABOUT YOU:

Name: _____ Age: _____ Home Phone: _____

Address: _____ Work or Cell Phone: _____

City/State/Zip: _____ Email: _____

Housing Status (please circle): Own Rent Other Number of years at this address: _____

If renting, landlord name: _____ Phone Number: _____

If renting, are you allowed to house animals? Yes No Any Restrictions? _____

Number of adults in the household: _____ Ages of children in household (if any): _____

Does anyone in the household have allergies to pets? Yes No Explain: _____

PERSONAL PET PROFILE:

Do you have pets of your own presently? Yes No If yes, please complete the following:

Type of Pet (e.g., dog, cat)	Breed	How long have you owned?	Age	Ailments/ Illnesses	Gender	Altered
					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe area where your animal(s) are kept during the day _____ night _____

Are all of your pets up to date on their vaccinations? Yes No If no, explain: _____

Does your property have a fenced in yard? Yes No Height and Type: _____

REFERENCES:

Your Veterinarian's Name and Phone Number (to ensure your pets are up to date on vaccinations):

Name: _____ Phone: _____

By listing three references (including one neighbor, but NO relatives), you hereby given OAW permission to call:

Name _____ City _____ Phone _____ Relation _____

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RELEVANT EXPERIENCE:

Please list any/all other foster or rescue groups that you are/were a part of: _____
 Describe why you want to be a foster parent: _____
 How long can you foster a pet?
 <1 month ___ 2-3 months ___ 3+ months ___ **or** as long as it takes until they get a forever home ___
 How many hours per day will the pet(s) be alone? _____
 How do you plan to exercise your foster pet? _____
 Where will you keep your foster pet(s) during the day _____ night _____

Which animals are you interested in fostering (circle all that apply)?

CATS/KITTENS

- Weaned healthy kittens (6+ weeks of age)
- Mom with kittens
- Orphaned kittens (may require bottle feeding)
- Cats/kittens with an illness
- Cat behavior cases
- Adult cat(s)

DOGS/PUPPIES

- Weaned healthy puppies (6+ weeks of age)
- Mom with puppies
- Orphaned puppies (may require bottle feeding)
- Dogs/puppies with an illness
- Dog behavior cases
- Adult dog(s)

How would you handle the following situations if your animal engaged in these behaviors:

Behavior	What would you do?
Urinate/defecate in the house	
Chewing on furniture, plants, etc.	
Getting into the garbage	
Barking	
Play Biting	
Jumping on furniture/tables	
Pet Insecurities	

Thank you for submitting a foster parent application to OAW to help save lives. Please initial below, sign and date.

- I understand the completion of this application does not guarantee approval as a foster home and OAW reserves the right to refuse, approve, or deny applicants. _____ (Initials)
- I understand that references will be contacted by OAW for satisfactory recommendations. _____ (Initials)
- I certify that I have never been convicted of a crime related to animal cruelty, abuse or neglect. _____ (Initials)
- I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application and/or termination of my volunteer status. _____ (Initials)
- I acknowledge this application remains the property of On Angel’s Wings Inc. (OAW). I authorize OAW to conduct an on-site inspection of the premises where the animal(s) will be kept as well as subsequent visitations which may be unscheduled. _____ (Initials)
- I understand that some damage to my home/residence, occupants or visitors of my home may result as a consequence of a special situation with my foster animal(s). I waive any right to restitution for said damages. This includes pet stains or other property damage, scratches/bites to humans. _____ (Initials)

Signature: _____ Date: _____

Approved by: _____ Date Received: _____
 Denied by: _____ Reason: _____

