

WOODSTOCK ANIMAL FOUNDATION FOSTER CARE APPLICATION

DATE _____

NAME _____

ADDRESS _____

HOME PHONE _____ WORK _____

E-MAIL _____ CELL _____

Type of pet you would like to foster

Dog **Puppy(ies)** **Cat** **Kitten(s)**

Have you ever fostered a pet? Yes No

If yes, through which organization _____
(Please provide name and contact person)

Do you have other pets? Yes No

Are they spayed/neutered? Yes No

Who is your veterinarian? _____

Have they been vaccinated? Yes No

Microchipped? Yes No

If yes, with what brand of micro chip? _____

Is your dog(s) heart worm negative? Yes No

Is he/she on heart worm preventative? Yes No

When was the last heart worm test done? _____

Is your Cat/Kitten Felv/FIV negative Yes No

Is your cat vaccinated against Feline Leukemia? Yes No

Do you provide flea control during flea season? Yes No

What brand? _____

Do you have a fenced yard for dog or puppy foster care? Yes No

Do you know how to crate train? Yes No

Are you familiar with our puppy training schedule? Yes No

It requires letting the puppy(ies) out every 4 hours round the clock and feeding three times/day.

Is that possible with your schedule? Yes No

If you chose puppy(ies) can you keep them for two weeks or until the age of eight weeks or longer until they can be spayed/neutered? Yes No

Until there is available cage space at our adoption site? Yes No

If you chose a dog, can you train him/her with basic commands? Yes No

Are you willing to work with your foster care pet 10-15 minutes a day in the areas where he/she needs training? Yes No

Do you have any experience in providing special needs care such as bottle feeding, medicating, checking temperature, liquefying food, changing bandages? Yes No

(over)

