

WAGGING HEARTS

Foster Application

Thank you for your interest in fostering a companion animal from Wagging Hearts. The application below should be completed by the individual who will be primarily responsible for the daily care of the fostered animal. If additional space is needed to provide a comprehensive answer to any question, please complete the answer on a separate piece of paper and attach it to the application.

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/ Unit #
City	State	ZIP
Phone	Alternate Phone	
Email Address	Birthdate	
Do you own or rent your residence? OWN (skip next question) <input type="checkbox"/> RENT <input type="checkbox"/>		
If you rent, do you have your landlord's permission to have pets? YES (Proof may be required) <input type="checkbox"/> NO <input type="checkbox"/>		
How long have you been at your current residence?		
How many other people live at your residence in addition to yourself? If children reside at the residence, please include their ages and how you intend to handle interactions between the animal and the children.		
If other individuals reside at your home, do you have the consent of all these individuals to foster an animal? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does anyone in your residence allergic to cats or dogs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain		
Does anyone at your residence have a fear of cats or dogs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain		
Have you been convicted of a crime within the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain		
Describe your home's activity level. (Busy/Noisy? Low/Medium/High Comings & Goings? How often do you have guests?)		
Describe your yard. Does it have a fence, kennel run, or other? If fenced what is the height of the fence, type of fence, and approximate size of the fenced in area? Please also include the number of gates and if these gates have security locks or latches.		
Do you work away from the home? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes: FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		

ANIMAL CARE EXPERIENCE

Have you cared for animals in the past, and if so, how long? (If none, please skip this section.)

Do you currently care for any other animals? YES NO

Please provide the type of animal(s) currently in your care.

Please provide the name and phone number of your veterinarian.

Where do you keep your current pets? INSIDE OUTSIDE EQUAL AMOUNTS INSIDE AND OUTSIDE

Are all current pets up to date on their vaccinations? YES NO If NO, explain.

Are all current pets spayed/neutered? YES NO If you own cats, are they declawed? YES NO

If you own cats have they been tested for feline leukemia and FIV (feline AIDS)? YES NO If YES, what were the test results of both? POSITIVE FOR LEUKEMIA POSITIVE FOR FIV NEGATIVE FOR BOTH

If you own dogs, are they given heartworm prevention monthly? YES NO

Have you ever lost a pet due to illness or serious injury? YES NO If YES, explain.

Have you ever had to give up a pet? YES NO If YES, why and where did the animal go?

FOSTERING AN ANIMAL

How long are you willing to foster an animal? INDEFINITELY SPECIFIC LENGTH OF TIME (explain)

Please describe the type of animal you are willing to foster. (Cat/Dog, Breed, Size, Age, Sex, Coat Length, Personality Traits, etc.)

Will you be able to take the animal to vet appointments and allow potential adopters to visit the animal? YES NO

Are you willing and able to medicate an animal if necessary (ranging from daily prescription medications to monthly heartworm pills)? YES NO

Are you willing to houstrain a dog or little box train a cat? YES NO

Where, specifically, will the animal be kept during the day?

Where, specifically, will the animal be kept at night?

Where would the animal stay when you are not at home?

LOOSE INSIDE CRATED/CONFIED INSIDE LOOSE OUTSIDE KENNEL RUN/FENCED AREA OUTSIDE
TIED/CHAINED OUTSIDE OTHER

If the animal is outside other than for supervised activities describe what shelter would be available for it.
SHED DOGHOUSE COVERED PORCH TREES WILL NOT BE OUTSIDE UNSUPERVISED

FOSTERING AN ANIMAL (CONTINUED)

Under what circumstances would you return a foster pet?

BARKING/NOISY HOUSEBREAKING CHEWING JUMPING SHYNESS/OTHER FEARS SHEDDING
DIGGING SCRATCHING/CLIMBING ON FURNITURE PERSONAL ILLNESS YOUR NEED TO MOVE OTHER

Wagging Hearts requests fostered animals stay separated from other animals in the home for two weeks. If you have other animals in your home, how do you plan to keep them separated for the first two weeks?

Please describe, in your own words, why you would like to foster an animal?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an opportunity to foster an animal from Wagging Hearts, I understand that false or misleading information in my application or interview may result in the termination of my ability to foster.

Signature

Date

INSTRUCTIONS FOR COMPLETED APPLICATIONS

Completed applications can be mailed to:
Linda Stancato, Director of Operations
Wagging Hearts
260 E Belvidere Rd. #369
Hainesville, IL 60030

By email: fostering@wagginghearts.org

By fax: 1-855-Wagging

A representative of Wagging Hearts will contact you via the phone number or email address provided within 24 hours regarding the status of your application. You may be asked to schedule an in-person interview that will take place at your residence.

APPLICATION REVIEW (TO BE COMPLETED BY WAGGING HEARTS REPRESENTATIVE ONLY)

Questions/Concerns regarding application responses:

Initial application review: PROCEED TO INTERVIEW DENIED

Reviewed by: _____

Applicant contacted by _____ on _____
(Wagging Hearts Representative) (Date)

Interview scheduled for _____

Questions/Concerns regarding applicant in-person interview:

Final decision : APPROVED DENIED

Reviewed by: _____

Notes: