



## Foster Care Provider Application

We Are Animal Guardians, Inc.

This questionnaire must be completed by an individual/family interested in providing foster care. The information provided will help to ensure the best possible animal placement for your home.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evenings: \_\_\_\_\_

### **General Animal Information:**

What type/number of pet(s) would you like to provide care for?

\_\_\_ Cat(s)      \_\_\_ Kitten(s)      \_\_\_ Cat with litter of kittens

\_\_\_ Dog(s)      \_\_\_ Puppy(s)      \_\_\_ Dog with litter of puppies

Other: \_\_\_\_\_

What length of time are you willing to keep a foster pet? \_\_\_\_\_

Are there any restrictions as to the type or size of pet you can foster? \_\_\_\_\_

The foster dog will be kept:

\_\_\_ indoors and taken outside for walks on a leash

\_\_\_ indoors and have periodic access to a fenced yard

\_\_\_ confined within the house; areas: \_\_\_\_\_

How many hours a day would the pet be left alone? \_\_\_\_\_

Are you able to bath/groom/medicate a foster pet? Yes No

Do you have any objections to W.A.G. representative visiting your home? Yes No

Would you be able to transport the pet to a veterinarian? Yes No

*Please list the type of pets you currently have in your home:*

SPECIES	BREED	AGE	SEX	SPAY/ NEUTER?
				Yes No
				Yes No
				Yes No
				Yes No

Who is your pet(s) veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not currently own a pet, please describe your prior experience with pet ownership.

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**General Family And Home Information:**

How many adults in your household: \_\_\_\_\_

Number and ages of children in your household: \_\_\_\_\_

Is any member of your family allergic to pets?      Yes    No

If yes, please explain: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

    If you rent, please provide your landlord's name, address, and phone numbers:

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I certify that all information I have given on the foster care program application is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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Completed forms are to be returned Attention: Adoption Coordinator.

You may either mail to:

    WAG

    PO Box 3054

    Peterborough, NH 03458

Or,

    Fax to 603-369-4651