

Adoption Center: 100 N. 2nd Street · Philadelphia, PA 19106 · 215-238-9901

Low-Cost Spay/Neuter and Wellness Clinic:

2900 Grays Ferry Ave · Philadelphia, PA 19146 · 215-298-9680

Northeast Adoption Center and Low-Cost Clinic:

1810 Grant Avenue · Philadelphia, PA 19115 · 215-545-9600 info@phillypaws.org · www.phillypaws.org

FOSTER CARE PROGRAM APPLICATION

PAWS' foster program places animals who are too young, injured, or under-socialized to be adopted in safe, temporary homes with caring individuals so that they can grow, heal, and become ready for adoption. Previous fostering experience is not necessary, but basic knowledge of animal care and obedience training is helpful. Fostering is an extremely rewarding experience but is also time consuming and a substantial responsibility. Most importantly, fostering saves lives! To get started, please complete the following:

vame:					_
Address:					_
City:	State:	Zip: _			_
Home Phone:	Work Phone:		Cell:		_
Email Address (please print cl	early):				_
Have you fostered before?	□ No □ Yes				_
f yes, what animals did you fo	oster? What was the outcome	!?			
What type of animals are you appropriate answer for each o	interested in fostering? (Plea category.)	se check al	l that apply, an	d the most	
<u>Felines</u>		No	Possibly	Definitely	
Mama cat & kittens					
Kittens- bottle fed					
Kittens- past bottle feeding					
njured cat (can be 2 weeks to	a month)				
Sick cat (primarily URI, under	weight or skin condition)				
Jnder socialized cat (lots of T	LC needed)				

<u>Canines</u>		No	Possibly	y Definitely
Mama dog & pups				
Puppies only				
Injured dog (commitment can be 2-4 weeks or	longer)			
Sick dog (primarily kennel cough, underweight	or skin condition	n) 🗆		
Under socialized dog (lots of TLC needed)				
Do you: ☐ Own your home ☐ Rent	☐ Other (pleas	se explaii	n):	
If you do not own your home, are you allowed ☐ Yes ☐ No ☐ Don't know	to have animals	where yo	ou live?	
How many adults live in your home?	_How many chi	ldren?		Their ages?
What pets do you currently own? (Type, age, a	ltered status, ve	t referen	ce, any b	ehavior issues):
Veterinarian name:	Veteri	narian ph	none:	
Do your pets get along with other animals?	☐ Yes	□No		☐ Sometimes
Please be specific:				
Do you have the ability to keep your foster anim	mal(s) separate f	rom you	r pets if n	ecessary? 🗆 Yes 🗖 No
Approximately how many hours are you away f	rom home each	day?		
Do you have any travel planned or foresee any changing jobs, etc.) in the near future that may ☐ Yes ☐ No If yes, please explain:	impact your ab	ility to ca	re for yo	ur foster animal(s)?
Do you have a fenced yard? ☐ Yes ☐	No If yes, h	ow high i	s your fe	nce?
Do your windows have screens?	☐ Yes	□ No		
Where will the foster animal live?	□ Inside	□ Outs	side	□ Other
Is anyone in your home allergic to animals? If yes, to what type of animal?	□ Yes	□ No		
Do you have any questions regarding fostering	or general anim	al care? _		
Signature:	Date:			