

MaxFund Animal Adoption CenterDog Foster-1005 Galapago St., Denver, CO 80204303-595-4917Cat Foster-720 W. 10th Ave., Denver, CO 80204720-266-6081

Foster Parent Application

Thank you for your interest in the MaxFund Animal Adoption Center Foster Care Program. Our goal is for all of our animals to find a loving, permanent home. If, however, adoption is not in the near future for an animal, he or she may do best in a caring foster home. Animals may be in need of fostering for many reasons such as health recovery, nursing kittens or puppies, emotional problems, or elder hospice care. Please provide the following information to <u>help us make the best match between a foster home and a foster animal</u>. Please note: we need to be able to reach potential fosters at any time and have them accept an animal in a timely fashion. If you are not able to accept a foster animal into your home within 3-4 days, please consider helping the MaxFund through one of the other numerous volunteer opportunities. It is also important to understand, as a foster, you are responsible for actively working with us in getting your foster adopted.

CONTACT AND PERSONAL INFORMATION:

Name:	Date:		
Address:			
City:			
Home phone:	Work phone:		
Cell phone:	-		
Email:			
I live in a (please circle): Condo Townhouse			
Rent Own If you are renting, please provide the landlord's contact information:			
Name: I	Name: Phone:		
Has the landlord listed above given permission for foster animals? Yes/No <i>Note: MaxFund may require written verification of this permission.</i>			
Do any children live in your household? Yes/No	f yes, ages:		
Do any children under 5 visit your home? Yes/No			
Who will take care of your animals if you are out of to	wn?		

PERSONAL PET INFORMATION:

Do you curre	ntly have pets? Yes/No	Did you have pets in the past? Yes/No		
List species and names of your pets (example: Cat Sammy, Dog Rufus, Rabbit Bugsy, Ferret Wiley)				
Are your anir	nals spayed/neutered? Yes/N	o Current on vaccinations? Yes/No		
Can you prov	vide proof of vaccination? Yes	/No		
Explain the c	ircumstances of any pets that l	have died in the past:		
		2		
		g the day and where do they sleep at night?		
How many he	ours are your pets left alone ea	ch day?		
Current Veterinarian Name		Phone		
FOSTER CA	ARE QUESTIONS:			
Please circle	the type of animal(s) you wou	ld consider fostering.		
Puppies:	Pregnant dog-whelping pupp	Nursing mom with puppies		
	Orphaned puppies requiring	bottle feeding (24 hour care)		
Kittens:	Pregnant cat-queening kitten	s Nursing mom with kittens		
	Orphaned kittens requiring b	ottle feeding (24 hour care)		
Adult Dogs:	Small breed Mediu	m breed Large breed		
	Fearful, depressed	With discipline problems		
	Health recovery or hospice	Need socialization		
Adult Cats:	Fearful, Depressed	FIV or FeLV positive		
	Health recovery or hospice	Need socialization		

Explain your reason for wanting to foster an animal at this time:

What do you consider the negative aspects of fostering?
Are you willing to have a Foster Representative visit your home? Yes/No
Can you transport your fosters to MaxFund for medical attention if needed? Yes/No (Clinic hours are M-F 10:00-5:00)
Do you have a warm, dry ventilated room for the foster pet? Yes/No
For dog fosters, is your property completely fenced by at least a 6-foot high fence? Yes/No
Are you able to provide isolation from other pets for the foster animal, if needed? Yes/No
Are you able/willing to bring the pet to adoption events, shelter or have potential adopters visit your home? Yes/No

REFERENCES:

Please list the names and contact information for 3 references *who routinely see you with your pets, do not live in your home and are not related to you.* Example: neighbors, friends, pet sitters, etc.

#1: Name	Phone:
#2: Name	Phone:
#3: Name	Phone:

Should you be selected as a foster parent and accept a foster animal into your care, you will be required to agree to our Foster Agreement. The Foster Agreement states that you are a representative of MaxFund and that *you have responsibility for the animal while in your care*. The agreement also states that you and your family agree that MaxFund will not be held responsible for damage or injury caused by foster animals. As a MaxFund foster parent you are expected to follow any and all policies of the MaxFund Adoption Center. You will be given information regarding vaccination schedules, medications, and special diet and/or feeding instructions as well as general health care for the particular pet you will be fostering.

Applicant's signature	Date

Submit completed application in person at MaxFund, *or* via mail to our address on page one, *or* via Fax to 303-595-0192, *or* via email to <u>fostering@maxfund.org</u>. Thank you for caring!