

MaxFund Animal Adoption Center

Dog Fostering

1005 Galapago St. Denver, CO 80204 303-595-4917

Cat Fostering

720 W. 10th Ave. Denver, CO 80204 720-266-6081

Foster Parent Application

Thank you for your interest in MaxFund Animal Adoption Center's 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 need fostering for many reasons such as health recovery, nursing kittens or puppies, emotional problems, or elder hospice care.

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 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.

Please provide the following information to help us make the best match between a foster home and a foster animal.

CONTACT AND PERSONAL INFORMATION:

Name:	_ Date:
Address:	-
City:	Zip:

Home phone:	Work phone:		
Cell phone:			
Email:			
I live in a(n) (please circle) : Condo	Townhouse	Apartment	House
Rent Own			
If you are renting, please provide the lar	ndlord's contact infor	mation:	
Landlord's Name:			
Landlord's Phone:			
Has the landlord listed above give Note: MaxFund may require writte	•		∕esNo
Do any children live in your household? If yes, ages:			
Do any children under 5 visit your home	? Yes No		
Who will take care of your animals if you	are out of town?		
PERSON	L PET INFORMAT	ION:	
Do you currently have pets? Yes	No		
Did you have pets in the past? Yes	s No		
List species and names of your pets (ex Wiley)	ample: Cat Sammy,	Dog Rufus, Rabbi	t Bugsy, Ferret
Are your animals spayed/neutered?	_YesNo		
Current on vaccinations? Yes	_ No		

Can you provide proof of vaccination? Yes No			
Explain the circumstances of any pets that have died in the past:			
If you have c	ats, are they allowed	d outdoors? Yes	s No
-			and where do they sleep at night?
How many hours are your pets left alone each day?			
Current Vete	erinarian		
Name			
Phone			
	F	OSTER CARE QUE	STIONS:
Please circle	the type of animal(s	s) you would conside	er fostering.
Puppies:	Pregnant dog-whelp	ping puppies	Nursing mom with puppies
	Orphaned puppies requiring bottle feeding (24-hour care)		
Kittens:	Pregnant cat-queer	ning kittens	Nursing mom with kittens
	Orphaned kittens requiring bottle feeding (24-hour care)		
Adult Dogs:	Small breed	Medium breed	Large breed
	Fearful, depressed		With discipline problems
	Health recovery or l	hospice	Need socialization
Adult Cats:	Fearful, Depressed	I	FIV or FeLV positive
	Health recovery or I	nospice	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 (Wellness Clinic hours are M - F 10:00 AM - 5:00 PM)
Do you have a warm, dry ventilated room for the foster pet? Yes No
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?
Are you able/willing to bring the pet to adoption events, to the 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	
Pho	ne:	

#2:	Name	
Pho	ne:	

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