



P.O. Box 365 • Waxhaw, NC 28173
www.carolinapaws.com

FOSTER APPLICATION

Date:		Do you prefer to foster a cat or dog?	
Do you prefer a female/male?			Any breed?
Age desired:		Oldest age considered:	
Applicant Information			
Name:			
Address:			
City:		State:	Zip:
Telephone numbers: Home:		Work:	Cell:
E-mail Address:			Date of Birth:
Number of People in Household:		If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently: <input type="checkbox"/> Employed Employer:			<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Co-Applicant Information			
Name:		Relationship:	
Telephone numbers: Home:		Work:	Cell:
E-mail Address:			Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:			<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn			
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:
Complex name/address:			
Manager/Landlord:			Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits			
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road			Speed limit:
Where will dog/cat stay? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only		<input type="checkbox"/> Mostly inside	<input type="checkbox"/> Mostly outside
Where will the dog/cat spend nights? <input type="checkbox"/> Inside		<input type="checkbox"/> Outside	
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how high?	
Will you allow the dog/cat to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, where?	
How many hours per day will the dog/cat be alone?		Where will the dog/cat stay when left alone?	

To check the Checkboxes () press the spacebar over the applicable answer.



P.O. Box 365 • Waxhaw, NC 28173
www.carolinapaws.com

Describe the activity level in your home:		<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)		
If you have a cat is it declawed?				
Under what circumstances would you not be able to continue to foster? <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness <input type="checkbox"/> Other – specify				
Have you ever fostered before? If so for what rescue or shelter?				
Are you willing to work on house and crate training?				
Are you interested in working on any socialization or behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing and able to transport a foster dog/cat to adoption events and any needed vet appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you do not have a fenced in yard are willing to leash walk a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are interested in fostering a cat are you able to keep it indoor only? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to foster till adopted (which can be anywhere from 3 weeks to 3 months)?				
Pet Information				
Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following chart		
<i>Name of Pet; Type of Pet</i>	<i>Years Owned</i>	<i>Spayed/Neutered</i>	<i>Inside/Outside</i>	<i>Where is Pet Now?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Current or past vet name of clinic:			Phone:	
Do you consider a dog/cat part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you own a dog is currently on flea/heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you currently own a cat/dog are they current on annual vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about Carolina P.A.W.S.?			Have you ever rehomed a dog/cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal References				
# 1 Name:			Relationship:	
Phone:			Best time to contact:	

To check the Checkboxes (☐) press the spacebar over the applicable answer.



P.O. Box 365 • Waxhaw, NC 28173
www.carolinapaws.com

Comments: