



NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd
North Adams, MA 01247

contact@nopawsleftbehindas.org

Foster Dog/Puppy Application

To be considered for fostering you must:

1. Be 21 years of age
2. Have the knowledge and consent of all adults in your household
3. Have verifiable identification
4. Have landlord's consent to keep an animal on the property (if applicable)
5. Have a separate space for the animal away from your animals
6. All your animals in the home are rabies vaccinated
7. Understand that No Paws Left Behind has the right to deny your application

Willing to Foster:

Date: _____

- Puppies (with mom if able)
- Dog with special needs/medical care needs
- Dog with behavioral issues
- Senior dog

Personal Information

Applicants Full Name _____ Date of Birth _____

Home Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

What do you currently live in? House _____ Apartment _____ Other _____

Do you own or rent? Own _____ Rent _____

Landlord's Name _____ Address _____ Phone _____

Does your landlord allow dogs? Yes _____ No _____ Unsure _____

Home Situation

Why do you want to foster a dog/puppy? _____

How many people live in your household? _____ Adults _____ Children _____

What are the ages of the children? _____

Will there be children the dog will be exposed to that don't live with you? Yes _____ No _____

Ages: _____

Is your house busy? Yes _____ No _____

Are there other pets in the home? Yes _____ No _____

Have these pets lived with other cats/dogs? Yes _____ No _____

Where will the animal be left during the day/night? _____

Who do you plan to watch the animal if you go away? _____

Where will you keep this foster animal to be separated from yours? _____

Are you willing to transport the dog/puppies as requested by the shelter? Yes _____ No _____

Please explain any limitations on the length of time you might need _____

Pet History

Is this your first experience with an animal? Yes _____ No _____

Have you fostered before? Yes _____ No _____ If yes, where? _____

Please list any animal you now own or reside at your address (please include former pets within the last 5 years, that may no longer be with you):

Animal's Name	Animal & Breed	Spayed/ Neutered	Still own?	If not, why?	Owned for how long?

References

What is the name of your veterinarian? _____ Phone _____

Address _____ Particular Veterinarian _____

If the pet is not listed under you, please provide the name on the record _____

Please provide the names of two people we may contact as a personal reference. These references should not reside with you. Only one of your references may be a family member.

Name _____ Phone _____ Relationship _____

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It may take some time before you are contacted regarding the need for a foster home. All dogs/puppies remain the property of No Paws Left Behind, Inc. and must be returned at the shelter's request. The animals may not be sold, given away or promised during the duration of the foster agreement and shall be returned to the shelter as requested by management for veterinary care, clinics, and adoption.

I/we do hereby acknowledge that any false or knowingly omitted statement on this form may constitute rejection of this application. I give my veterinarian permission to release any vet care records and information about my current and past pets to No Paws Left Behind, Inc. I also give No Paws Left Behind, Inc. permission to maintain contact with me by home visit and/or telephone calls and emails. I understand that this application is the property of No Paws Left Behind, Inc. and that they have the right to deny my request to adopt.

Applicant's Signature

Date

Co-Applicant's Signature

Date