**A close up of a logo

Description automatically generated**

**Foster Home Application**

1. Any animals eligible for a foster home will be required to go through Piper’s Palace intake process.
2. No animals will be released to foster homes unless approved by the Executive Director.
3. Individuals who have charges or complaints that have resulted in interaction with the Animal Control Officer or Courts will not be approved foster homes.
4. Approval of application is at the discretion of the adoption committee.
5. A foster application must be competed and approved by the adoption committee before an animal will be placed in the applicant’s home.
6. Any emergencies, medical problems or concerns with an animal while in a foster home will be at the discretion of the Executive Director.
7. Any medical issues, vaccination or medications will be administered at the discretion of the Executive Director.
8. Animals will not be fostered by minors. Applicants must be 18 years of age or older.
9. A foster home will not be approved to applicants if the home is deemed unsuitable for that animal.
10. All animals in the one must be spayed or neutered and be current on their Rabies & Distemper.
11. All residents of the home must agree to and be informed of the intent to foster.
12. If you decide to return a foster animal to Piper’s Palace during the foster time period, Piper’s Palace must be notified in advance to ensure adequate kennel space.
13. Landlords, house authorities or housing associations must approve pets on premises prior to approval of a foster home and before the animal is allowed to leave Piper’s Palace.
14. Completion of this foster application does not guarantee the first right of refusal in the event that a foster home is interested in adopting the foster animal. The Executive Direction must approve an adoption of a foster animal.
15. False information on this form will result in the foster home and application to be declared null and void with the animal to be returned to Piper’s Palace upon notification.
16. Filling out this form does not guarantee that a foster home will be approved. We reserve the right to deny any application without reason.

I/we desire to foster the animal named “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

I/we agree to provide proper food, water, shelter and kind treatment at all times.

I/we agree to take the animal to the veterinarian as directed by the Executive Director and to seek immediate veterinary care, should the animal become ill or injured.

I/we understand that Piper’s Palace cannot guarantee the health, treatment, or training of the fostered animal(s) and hereby agree to release and hold harmless Piper’s Palace from any and all liability for any accidents or injuries, which may arise out of my/our fostering of caring for this/these animal(s).

I/we authorize Piper’s Palace to speak with my past and current Veterinarian Clinics regarding my past and current animal(s) vaccinations, medical records and/or to obtain copies of such records.

Foster Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person(s) interested in fostering an animal for Piper’s Palace must complete this questionnaire. Please do not consider it an invasion of your privacy. The animal(s) you are interested in fostering is/are required to live at the below residence. Piper’s Palace will be calling your veterinarian and landlord. This is vital information that is required before the process of fostering can proceed.

**Please Print Clearly**

TITLE: \_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE/PARTNER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME(S) OF OTHER ADULTS IN HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Foster’s Occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Foster’s Employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you own or rent your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If you rent, Property Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Property Owner’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Property Owner’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Are there any children in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes please list their ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had a dog or cat die on your premises of a contagious or unknown disease within the past three months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you agree to allow a Piper’s Palace representative to visit your home and inspect the animal’s living condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please list your current pets:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle: Dog/Cat

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle: Male/Female Fixed/Not Fixed

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle: Dog/Cat

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle: Male/Female Fixed/Not Fixed

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle: Dog/Cat

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle: Male/Female Fixed/Not Fixed

1. Who is your current Veterinary Clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Veterinary Clinic Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name two personal references:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_