

BCARL FOSTER PARENT PROFILE

The information provided in completing this profile will enable us to find the most satisfying foster animal(s) and experiences for you. Please be sure to complete all three pages of the profile. Thank you.

Name:			Home Phone:		
Address:			Work Phone:		
City, State, Zip:			Cell Phone:		
Email:			Cell Phone:		
Do you live in a(n):			Do you:		
<input type="checkbox"/> Apartment		<input type="checkbox"/> Condo		<input type="checkbox"/> Rent	
<input type="checkbox"/> Mobile Home		<input type="checkbox"/> House		<input type="checkbox"/> Own	
If you rent, please provide landlord's Name: _____ Phone: _____					
# of Adults in household?		# of Children?		Ages of Kids?	
What types of animals currently live in your household?					
How will your pets get along with the foster pet?					
Name of your vet:				Phone:	
How often do your pets see a vet?					
<input type="checkbox"/> Yearly		<input type="checkbox"/> Never		<input type="checkbox"/> Whenever needed	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does anyone in your household have allergies to animals?		Details:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all of your pets vaccinated?		Against:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all of your pets spayed or neutered?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a fenced yard?		How high?	
If NO, how will you confine the pet to your property?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have an indoor area to confine the foster? (Laundry room, crate, etc.)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have the facilities available to isolate the foster animal from your pets if necessary?			
If YES, please describe:					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you considered the negative aspects of fostering an animal, such as cleaning up after puppies & kittens?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able & willing to care for a sick or injured animal on a temporary basis?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able & willing to care for a very young animal(s), until it is old enough to be adopted?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to commit to a foster for a month or more?			
If NO, how long can you commit?					

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to provide FOOD for a foster pet while in your care? (Vet care & any special diets will be provided)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you available to administer medication to an animal in need?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to check in on a special needs foster pet, at least every 4 hours?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to transport the foster animal to the animal shelter for vet or for other care?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand why the animal must be returned to BCARL at the end of the foster period?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able & willing to keep in touch with BCARL by phone concerning the foster pet?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does everyone in your household know that you are applying to foster?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is everyone in your household willing to help with daily care, training, and socialization?
How many hours a day are you away from home on average?		
Where will the foster animal be kept during the day?		
Where will the foster animal be kept during the night?		
How would you deal with destructive behavior, such as clawing of furniture, spraying, chewing, or litter box avoidance?		
Do you have any questions or concerns about the BCARL mandatory spay/neuter policy?		
If you have special training, qualifications, or facilities that you would like us to know about, please describe:		
Please check the TYPES of animals you want to foster:		
<input type="checkbox"/> Cat	<input type="checkbox"/> Kitten	<input type="checkbox"/> Litters of kittens
<input type="checkbox"/> Dog	<input type="checkbox"/> Puppy	<input type="checkbox"/> Litters of puppies
<input type="checkbox"/> Other:		

Thank you for your interest in joining the BCARL Foster Care Program!!!

I affirm that all information supplied on this profile is true and correct. I also understand that foster training will be provided me, before I am able to begin fostering animals for the Belmont County Animal Rescue League.

I understand that the Belmont County Animal Rescue League, Belmont County, and their agents, employees and affiliated entities, officers, directors, members, and employees are not responsible or liable for any property or personal damage, illnesses, or injuries directly or indirectly caused by the presence of said foster animals.

Signature of Applicant: _____ Date: _____