



FOSTER CARE APPLICATION



Animal Humane | New Mexico
615 Virginia St SE
Albuquerque, NM 87108
505-255-5523 FAX 505-265-6470
and
New Mexico Animal Friends

A Partnership to Save Lives

Thank you for your interest in our Foster Care Program. If you would like to become a foster care provider for Animal Humane / New Mexico or NMAF, please complete this form and mail or fax it in or drop it off at the Volunteer Services Office at Animal Humane / New Mexico.

In order to be considered as a Foster Care Provider, you must:

- Be 21 years of age or older for NMAF; 18 years of age or older for Animal Humane.
- Be willing to receive home visits from an NMAF representative, as required by NMAF policy;
- Have the consent of other family members and/or your landlord;
- Be able and willing to provide in-home training, to transport the pet to adoption events and veterinary appointments as needed, and to provide proper care for the foster animal.

Please Provide Responses to the Questions Below:

Name _____ Date _____

Address _____

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City _____ Zip _____ Home Phone _____ Work _____

Cell _____ Which is the primary number where you can be reached 8 a.m. – 5 p.m?

E-mail _____ Driver's License

How did you hear about our Foster Care Program? _____

What kind of pet(s) are you interested in fostering?

Dog – Large / Small Puppy / Litter Cat Kitten / Litter

Bottle babies – puppies or kittens orphaned, in need of bottle feeding until 4-5 weeks of age

Mother w/nursing young? ____ (Mother needs to remain w/kittens or puppies until weaned.)

Injured or sick animals? ____ (Medication would be provided. Recuperation following illness or surgery, i.e., broken limbs, amputations, kennel cough, upper respiratory infection...)

Cats/Dogs needing socialization? ____ (Animals needing socialization before being ready for adoption, or observation/rehab in a home environment, a change of scenery from kennel environment.)

How many pets would you consider fostering at a time? _____

Will you be able to provide long-term (*2 months or more*) or short-term (2-8 weeks) care?

Short-term Long-term (*Explain if you have any limits or special conditions*) _____

What are your reasons for wanting to foster a pet? _____

Do you have prior experience with the type of foster care that you are willing to provide?

If yes, please explain

Do you have preferences as to breed, gender, age, size, length of fur, high/low energy, etc? _____

How would you describe the activity level in your home? _____
(On a scale of 1-5 where 1 = very quiet, 3 = varies, 5 = very active)

How many dogs or cats have you had in the past 10 years? Dogs _____ Cats _____

Do you still have any of these pets? Yes No

Does your current dog/cat get along with other dogs/cats? _____

Please list the pets you currently have in your household (*use reverse side if more space is needed*):

Name	Species	Breed	Spayed/Neutered	Age	Current
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Who is your veterinarian (name & phone #) _____

Please circle the type of home you currently live in:

House Apartment Condo Townhouse Mobile Home

Do you own or rent? Own Rent If you rent, does your lease allow pets? Yes No

If you rent, what is your landowner's name and phone number? _____

Do all household members agree to your fostering animals? _____

List all members of your household, including ages:

Please describe your yard (fence type and height(s), gates, shelter, grass, gravel, etc.) _____

Do you have a doggie door? Yes No Are your windows fully screened? Yes No

Where will your foster pet(s) stay in the daytime? _____

Where will your foster pet(s) sleep at night? _____

Are you willing and able to bring the foster care animal to the NMAF Adoption Clinics on Saturdays and to other occasional special adoption events? Yes No (*and explain any potential conflicts other than **occasional** out-of-town trips, etc.*)

Work/School Schedule 35+ Hours/Week _____ 20-34 hours/week _____
Less than 20 hrs _____ Do not work _____

Our Foster Program requires a home visit. Do you agree to this home visit? Yes No

Do you understand that fostering animals is a temporary situation and you will be asked to return the animal to AHANM or NMAF for placement? _____

By signing below, I certify that the information I have provided is accurate. I understand that intentionally providing inaccurate information can result in denial or termination of the Foster Care Agreement with Animal Humane / New Mexico and/or NM Animal Friends.

Signature: _____ Date: _____

Print Name: _____

Revised: 08/08/08