



*Never underestimate  
the warmth of a cold nose...*

***One Dog More!***

## FOSTER CARE APPLICATION

Revised 2-22-18

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals. **Please ensure that ALL sections of this application have been filled out so that we may better serve you.** All information provided is confidential.

Date:			
Name:			
Address:			Unit:
City, State & Zip Code:			County:
Email:			
Phone #:	Home:	Cell:	Work:
Date of Birth:	Driver's License #:		State Issued:
Do you rent?	If yes, Landlord Name & Phone #:		
Do you have any restrictions on number of animals, size, or breed from your landlord, homeowners association, or insurance company?	No	Yes, please explain:	
Type of home:	Detached	Town/Rowhouse	Apartment/Condo
Other:			
Previous Address (if less than 2 years):			
City, State & Zip Code:			
Place of employment (Company Name – used for grant purposes)?			

Question:	Yes	No	Additional Comments:
Do you have a Facebook account?			Alias?:
If you do not have a Facebook account, are you willing to open one?			
Do you have a fenced yard?			Height:
Are there any children in your household?			Ages:
Do any members of your family have pet allergies?			If yes, explain:

Will any other household members assist you with your foster duties?			Relationship (ie. spouse, child, roommate):	
Will you be able to keep the foster animal(s) separate from your own pets for at least 2 weeks?				
Do you have any limitations on transportation in case of emergency? (shared car, Zipcar, public transit, Uber, or religious restrictions, etc.)			If yes, explain:	

Where did you hear about our foster program? \_\_\_\_\_

Where do you plan to keep your foster animal(s)? \_\_\_\_\_

How many hours per day will your foster animal(s) be without care? \_\_\_\_\_

What is your typical work schedule? \_\_\_\_\_

What measures will you take to ensure your foster animal(s) is/are not lost? \_\_\_\_\_

When can you begin fostering? \_\_\_\_\_

Immediately		At some undetermined time in the future		After the following date:	
-------------	--	---	--	---------------------------	--

Yes		No	
-----	--	----	--

Have you fostered animals before?

If yes, what organization(s) have you fostered for in the past? \_\_\_\_\_

If no, what experiences have you had with animals that would be helpful in fostering? \_\_\_\_\_

**Type(s) of animals you are interested in fostering? (Check all that apply):**

Puppies over 6 months		Medium dogs	
Puppies under 6 months		Large dogs	
Puppies under 8 weeks/orphaned but eating		Bonded pairs	
Nursing moms and puppies			
Bottle baby puppies*			
Medical needs dogs/puppies**			
Temp foster dog/puppy(events/adopted)***			
Small dogs			

\* Bottle fed puppies will need to be fed every 2-3 hours until the animal is weaned.

\*\* Medical needs can refer to a number of issues and vary from one animal to another. Medical needs may require more frequent visits to the shelter or partnering vets for follow up.

\*\*\* Some animals may be sent to foster to accommodate large scale adoption events while others may be adopted but too sick for alteration surgery. Help may also be needed for other fosters who are going out of town.

I want to foster ~ (Check all that apply)

<input type="checkbox"/>	To help animals in need and save lives.
<input type="checkbox"/>	Because I love animals and want to help in any way possible.
<input type="checkbox"/>	Because I already have enough pets, but want to help others in need.
<input type="checkbox"/>	To find a new pet to join my family.
<input type="checkbox"/>	To see if an animal will be a fit with my existing pets.
<input type="checkbox"/>	Because I'm thinking about getting a new pet and want to see if I'm ready.
<input type="checkbox"/>	Because I want to help a particular animal. Animal Name:
<input type="checkbox"/>	Other, please explain:
<input type="checkbox"/>	

What amount of time are you willing to commit to fostering? (Check all that apply)

<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	Indefinitely/As long as I'm able
<input type="checkbox"/>	1-2 months	<input type="checkbox"/>	I'm only available during the following dates:
<input type="checkbox"/>	3-6 months	<input type="checkbox"/>	Seasonally (ie. summer months), please clarify:

Check your appropriate skill level (DOGS only):

	Inexperienced	Moderate Experience	Very Experienced	Expert
Working with shy/fearful animals				
Crate training				
Housebreaking				
Training of basic commands – i.e. sit, stay, leave it, drop it				
Loose leash walking skills				
Resource guarding				
Bottle babies				
Special needs (blind, deaf, handicapped, etc.)				
Medical needs (amputations, eye removal, etc.)				
Administering medication				
Tube feeding				
Force feeding				
Administering fluids				

Please list ALL CURRENT pets.

Name	Breed (Cat/Dog/Other)	Age	Spayed/ Neutered (yes/no)	Date of last Vaccines (month/year) FVRCP/DHLPP Rabies	Date of Bordatella/ Kennel Cough (dogs only)	Date tested for FELV/FIV (cats only)	Indoors/ Outdoors

Vet Name:	
Vet Phone #:	
I currently do not have a veterinarian.	

Please list ALL PAST pets.

Name	Breed (Cat/Dog/Other)	How long did you have the animal?	Outcome – please provide details	Was the animal spayed/ neutered? (yes/no)

Please review the following statements and answer:

	Yes	No
Funds and resources are limited for medical issues. Do you understand that some animals may not survive their injury or illness or may have to be euthanized? This decision will be made by the ODM supervisory staff as necessary.		
Funds and resources are limited for behavioral issues. Do you understand that some animals may need to be euthanized if their behavior is deemed unmanageable? This decision will be made by the ODM supervisory staff as necessary.		
Do you understand that animals in foster care will need medical follow up at ODM and agree to follow the terms and protocols set forth by the medical staff at the shelter (for illness and routine vaccinations)?		

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard ODM adoption process and that approval of an adoptive candidate and placement of animals is determined by ODM staff?		
Do you agree to attend at least one adoption event a month once your foster animal is of age and/or healthy in order to help him/her get adopted?		

I have answered the questions above truthfully and completely. I understand that although ODM takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which ODM has asked me to provide care. I indemnify and hold ODM free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return application to:**  
ODM  
Attn: Foster Program Coordinator  
601 Oak Dr.  
Dover, DE 19904

**Email application to (preferred): [onedogmorerescue@gmail.com](mailto:onedogmorerescue@gmail.com)**

\*\*\*\*\*

*Office use only:*

**Approval checklist:**

- \_\_\_ Check Jurisdiction on property search
- \_\_\_ Check that ID matched address on application
- \_\_\_ CSR or AC Verification
- \_\_\_ Check Petpoint DNA

Foster blurb/FAQ Sent Date: \_\_\_\_\_

Appointment Scheduled Date: \_\_\_\_\_

Approved:  Yes  No Staff Initials: \_\_\_\_\_

Approval: Emailed / Called /On site Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_