



SARA Foster Parent Application

Note: We request that foster parents provide care for a period of 6 months to a year to allow for socialization skills and trust to develop.

Please write legibly and complete the entire application. You may mail, fax or email the application. Email by copying and pasting this text into the body of your email.

Name: _____
Address: _____
City/State _____ Zip: _____
Phone#: _____ Work#: _____ E-mail: _____

Name of animal you are interested in fostering, if known:

1. Why do you want to foster an animal?

2. Do you have any pets right now? If so, how many and what kind?

3. Are all your pets spayed or neutered? If not, why not?

4. If you have had pets in the past, but do not have them now, what happened to them?

5. Do you know about necessary vaccinations for your pets?

6. Are your current pets vaccinated against disease? _____
If so, which shots does your pet receive? _____

7. Does your pet receive heartworm preventative? _____
If so, what kind? _____

8. Please provide your veterinarian's name, address and phone number

9. Do you rent or own your home? Rent _____ Own _____

10. If you own your own home, are you prepared to provide proof of ownership upon request to SARA? _____

11. If you rent, please supply your landlord's name and phone number.

12. Tell us about your yard (size, shade trees, etc.):

13. Are your pets allowed inside your home? _____

Will this new foster pet live inside or outside? Inside _____ Outside _____

14. What would happen to your pets if you had to move?

15. Will this new foster animal be given plenty of exercise? Yes _____ No _____

How often do you see yourself walking, running, playing with this new pet? (times per week) _____

16. Would you object to a home visit by a SARA representative? Yes _____ No _____

17. Are there children in your family? Yes _____ No _____

How many and their ages? _____

18. Have you taught your children to treat animals with respect and kindness?

19. What would happen if the foster pet became ill?

20. In the event that something should happen to you, who would care for your pets?

21. If for any reason, this new foster animal did not work out, do you agree to return her/him to SARA Sanctuary? Yes _____ No _____

22. What experience do you have caring for animals? (your own pets, volunteer work, paid work, etc.)

23. Do you have the financial means to care for a foster animal (food, medicine, etc.) for the duration of your foster agreement? Yes _____ No _____ Don't Know _____

24. How long would you like to foster this animal? 6 mos. _____ 1 year _____ >1 year _____

25. Please provide the names, addresses and phone numbers of **three people** as references that have known you for **at least five years**.

1. _____ 2. _____ 3. _____

To the best of my ability, I agree to care for the foster animal as if it were my own; to provide love, food, exercise, medical attention (if needed) and companionship. If for any reason, I am not able to care for the foster animal or the foster animal is incompatible in my home environment, I agree to return the animal to SARA Sanctuary. I will not sell the foster animal. I will not give away or seek to adopt out the foster animal without permission from Tracy Frank, or a SARA representative acting on her behalf.

Your name: _____

Date: _____