



Potter League for Animals
P.O. Box 412
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FOSTER CARE VOLUNTEER APPLICATION

This questionnaire must be completed by any individual who is interested in providing foster care. The information provided will help to ensure the best animal placement for your home. Thank you for your interest and time.

Name: _____ Date _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Please check your age category: ___ 21 – 39 ___ 40 – 59 ___ 60 & over

Please check your type of residence: ___ Owned Home/Condo ___ Rented Home/Apt/Condo
___ Mobile Home ___ With parents ___ Military Housing ___ Dormitory Other: _____

What type / number of animal(s) would you like to provide care for?

___ Cat(s) ___ Kitten(s) ___ Cat with litter of kittens

Adult Dog(s): ___ Up to 20 lbs. ___ Up to 40lbs. ___ Up to 75 lbs.

___ Puppy(ies) ___ Dog with litter of puppies

___ Animal with medical needs

Animal needing socializing or ones with behavioral needs such as:

___ Housetraining ___ Separation Anxiety ___ Fear of Strangers

___ Environmental Fears ___ Litterbox issues ___ At shelter too long, needs a break

___ Hypoallergenic pets only ___ Other (birds, rabbits etc.)

What is the length of time you are willing to keep a foster animal? _____

Are there any restrictions as to the type or size of animal you can foster? _____

Are there restrictions as to the time of year that you can foster? _____

Foster cats must be kept indoors at all times. Are you able to do this? Yes No

How will foster dog be confined while indoors? _____
While outdoors? _____

How many hours a day would the animal be left alone? _____

Are you able to bathe / groom / medicate the foster animal, if needed? Yes No

Do you have any objections to a Potter League representative visiting your home? Yes No

Would you be able to transport the animal to a veterinarian? Yes No

Can you keep your animals segregated from the foster pet(s) ? Yes No

Please list the type of animals you currently have in your home:

SPECIES	BREED	AGE	Personality	SEX	SPAY / NEUTER
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Who is your animal(s) veterinarian? _____

Are your cats tested for feline leukemia and aids? Yes No

Are your cats vaccinated against feline leukemia? Yes No

Are all other vaccinations current? Yes No

Number and ages of children in the household? _____

Number and ages of children who visit frequently (grandchildren, neighbors) _____

Is any member of your family allergic to animals? Yes No If yes, please explain:

The above information is accurate and true to the best of my knowledge.

Sign: _____

Date: _____