

# FOSTER HOME APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_



Employment Status:     Full-time     Part-time     Home based     Retired

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

What type of animal(s) would you like to foster?

\_\_\_\_\_  
\_\_\_\_\_

Other Individuals in Your Household:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Will there be children, other than your own, in your home on a regular basis? If so, please state their ages. \_\_\_\_\_

\_\_\_\_\_

Do you own your home?     Yes     No

Length of residency at current address: \_\_\_\_\_

What type of dwelling do you live in?:     House     Townhouse     Apartment     Mobile Home     Duplex

How do you plan to introduce a foster pet to your pets? \_\_\_\_\_

\_\_\_\_\_

Do you anticipate any problems in doing so? \_\_\_\_\_  
\_\_\_\_\_

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**For Canine Fosters:**

Do you have a fenced yard or area? \_\_\_\_\_  
\_\_\_\_\_

If yes, what kind of fence do you have? \_\_\_\_\_  
\_\_\_\_\_

If no, please explain how you will contain and exercise your foster dog: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will the dog stay during the day and at night? \_\_\_\_\_  
\_\_\_\_\_

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Do you have any personal experience with domestic violence situations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that you can maintain complete confidentiality for the pets in your care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to foster a companion animal for Peace for Pets? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state what knowledge you have about domestic violence and the connection between domestic violence and animal cruelty including any seminars or other training programs you have attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Any Comments or Questions? \_\_\_\_\_

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I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE. I HEREBY GIVE PEACE FOR PETS, INC. PERMISSION TO CONTACT MY VETERINARIAN AND REFERENCES REGARDING THE ATTENTION I HAVE PROVIDED MY PETS AND OTHER ANIMALS UNDER MY CARE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return application by FAX to 330-484-9538, or mail to:

Peace for Pets, Inc.  
1435 Market St N  
Canton, OH 44714.

Our goal is to get back to you within 5 business days upon receipt of the application.  
We will notify you of our receipt. Thank you for your interest in the pets.