



West Jersey Volunteers for Animals – Foster Questionnaire

Today's Date: _____ Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Are you at least 18 yrs. Old? Y N

Phone 1: _____ Phone2: _____

What types of animals would you foster? Dog Cat Either

Which gender pet do you prefer? Male Female Either Size preference for dog: Sm Med Lrg

Age preference? Under 8 weeks 8 w ks. thru 6 months Adult Senior No preference

Children living at home: Y / N # Full time _____ # Part Time _____
If yes, children's ages: _____

Number of adults living in home and their ages: _____

Is there anyone home during the day? Y/N For how many hours? _____

Do you presently have, or recently had other pets? Y N If yes, please list below:

Species	Breed	Name	Age/ Sex	Fixed	Declawed	Current Shots
				Y N	Y N	Y N
				Y N	Y N	Y N
				Y N	Y N	Y N
				Y N	Y N	Y N

Where do your pets spend the night? _____

Where did you get your pets? Shelter Breeder Pet Store Friend Other _____
If you had pets in the recent past, where are they now/what happened to them?

Have you ever surrendered an animal to a shelter? Y N

Do you own your home? Y N If renting, do you have your landlord's permission to have pets? Y N
Landlord's Name and Telephone#: _____

Do we have your permission to do a home/yard check? Y N

Do you have a fenced-in yard? Y N Is so, fence height? 4 ft. 6 ft. Other: _____ Type? _____

Which Veterinarian do you use/have you used? Name, Town and Phone Number

Do we have your permission to call your vet for a vet check? Y N

Please supply 2 personal references other than family members:

Name: _____ Tele#: _____ Relationship: _____

Name: _____ Tele#: _____ Relationship: _____

Questions/comments: _____

Return via email to wjvolunteers@yahoo.com or via fax at 856-728-8912. Thank you.