SWAT
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Walla Walla WA 99362
SaveWonderfulAnimalsTeam@hotmail.com

Organization

Pet Fostering Application

Date _____

Name_____

Address _____

City _____ State _____

Phone _____Work _____ Email _____

Circle your answers.

Do you own or rent your home? Own Rent

If you rent, do you have permission from your landlord to have a pet? Yes No

May we call your landlord to confirm his/her permission? Yes No

Landlord's phone number _____

Are you willing to provide food, shelter and comfort to a fostered pet? Yes No

Do all the members of your family know that you want to foster a pet? Yes No

What kind of pet do you want to foster?

1. Dog small medium large male female litter

puppy behavior problem fluffy smooth coat

2. Cat male female litter kitten behavior problem

fluffy smooth coat

3. Other _____

How many dogs do you have? _____

How many cats do you have? _____

Are all of your pets spay/neutered? Yes No

Are all of your pets current with shots and licensing? Yes No

May we ask your Veterinarian
to confirm the above information? Yes No

Veterinarian's name _____

Are you fully prepared for disruptions and problems
while fostering a pet? Are you willing to work out
behavior problems that may unexpectedly arise
because of rehoming a pet? Yes No

Where will your foster pet live? _____

_____

How will your foster pet get exercise? _____

_____

Signature _____