



**Canine Foster Care Application**  
 1010 Route 601, Skillman, NJ 08558  
 www.savehomelessanimals.org  
 (609) 309-5214  
 foster@savehomelessanimals.org

SAVE’s Foster Program is designed to be an extension of the shelter that connects caring people with animals in need. Our goal is to provide temporary loving homes for a potentially adoptable animal whose current condition may not be manageable in a shelter setting. Previous fostering experience is not required. If you are able to provide the care they need, we will provide you with all the necessary training to do so. As a foster care provider, you will be tasked with providing your foster dog or puppy with care including housing, water, training, socialization and regular grooming as needed. Fosters are not expected to provide medical care for their foster pet. SAVE will provide any necessary care and reimburse fosters for any **pre-approved** expenses. We ask that fosters care for the dog as if the dog were their own. Your feedback can help us determine which family is best for your foster once they are available for adoption, or if they already are. Fostering a shelter animal can be time-consuming depending on what case you take on, but it is a wonderful, rewarding experience overall. Please seriously consider all aspects of fostering before deciding to apply to foster. ***If you are still interested, all potential foster care providers are required to complete the following application and be approved by a SAVE manager before moving on to the online foster orientation. Please understand that SAVE reserves the right to reject any applicant for any reason. Please print clearly!***

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

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

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

Phone numbers – Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you at least 18 years old? (You must be at least 18 to foster): Yes      No

Please tell us about your household members:

Name	Age	Name	Age

If you have children, are you willing to teach young children the proper care and treatment of the animal(s) in your care?

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Please tell us about your current pets:

Name/Species                      Age                      M/F                      Altered? (Y/N)                      Vaccinated? (Y/N)

Name/Species	Age	M/F	Altered? (Y/N)	Vaccinated? (Y/N)

Current veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you (circle one):      Own                       Rent                       Rent to own                       Live with relatives/friends

Do you live in a:       Single family home                      Apartment                       Condo/Townhouse                     

Do you have a fenced-in yard?      Yes                      No

If you do not own, are animals allowed at your residence?      Yes                      No

Do all household members want to foster a pet?      Yes                      No (explain): \_\_\_\_\_

On an average day, I'm out of the house \_\_\_\_\_ hours a day.

What type of animal are you interested in fostering? (Please check all that apply.)

	No	Possibly	Yes
Mother dog with puppies'	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Orphaned puppies – bottle feeders	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sick dog (primarily URI, underweight or skin conditions)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Under socialized dogs (lots of TLC needed)

Fospice (an end-of-life hospice)

What length of time can you commit to fostering? (Weeks, months, etc.) \_\_\_\_\_

Have you fostered in the past?  Yes  No

If yes, for which organization? What animals did you foster?

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

Where will your foster dog be when you are home? \_\_\_\_\_

Where will your foster dog be when you are **not** home? \_\_\_\_\_

Do you have a safe place to keep your foster animal separate from resident animals for the short term and long term if needed?  Yes. Where? \_\_\_\_\_  No

Are you comfortable administering oral and/or topical medications?  Yes  No

If you don't understand this question or what administering medication entails, please ask!

How much time do you have to devote to your foster animal's care and socialization each day?

\_\_\_\_\_

What will you do if your foster dog chews inappropriate items or is destructive? Please note that SAVE, as an organization, believes in positive reinforcement and not punishment as a tool to aid in training.

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

Are you willing to:

Bring the dog in to meet with potential adopters? Yes  No

Bring the dog to special events on the weekends? Yes No

Under what circumstances would you not be able to complete the foster program (return the animal before an adopter is found)?

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

By signing this form, I agree to the above statements and certify that the answers given above are true. Completion of this application does not guarantee acceptance into the foster program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_