



Maxfund Animal Shelter 1025 Galapago St. Denver, CO 80204 303-595-4917

Foster Parent Application

Thank you for your interest in the Maxfund Animal Adoption Center Foster Care Program. All of our animals want to find a loving, permanent home. If, however, adoption is not in the near future for an animal, he or she may do best in a caring foster home. Animals may be in need of fostering for many reasons such as health recovery, nursing kittens or puppies, emotional problems, or elder hospice care. Please provide the following information to help us make the best match between a foster home and a foster animal. **Please note: we need to be able to reach potential fosters at any time and have them accept an animal in a timely fashion. If you are not able to accept a foster animal into your home within 3-4 days, please consider helping the Maxfund through one of the other numerous volunteer opportunities.**

CONTACT AND PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Email: _____

I live in a (please circle): Condo Townhouse Apartment House

Rent _____ Own _____ If you are renting, please provide the landlord's contact information:

Name: _____ Phone: _____

Has the landlord listed above given permission for foster animals? Yes/No

Note: Maxfund may require written verification of this permission.

Do any children live in your household? Yes/No If yes, ages: _____

Do any children under 5 visit your home? Yes/No

Who will take care of your animals if you are out of town?

PERSONAL PETS:

Do you currently have pets? Yes/No

Did you have pets in the past? Yes/No

List species and names of your pets (example: Cat Sammy, Dog Rufus, Rabbit Buggy, Ferret Wiley)

Are your animals spayed/neutered? Yes/No

Current on vaccinations? Yes/No

Can you provide proof of vaccination? Yes/No

Explain the circumstances of any pets that have died in the past:

If you have cats, are they allowed outdoors? _____

If you have dogs, where are they kept during the day and where do they sleep at night?

How many hours are your pets left alone each day? _____

Current Veterinarian name _____ Phone _____

FOSTER ANIMALS SOUGHT:

Please circle the type of animal(s) you would consider fostering:

Puppies: Pregnant dog-whelping puppies Nursing mom with puppies

Orphaned puppies requiring bottle feeding (24 hour care)

Kittens: Pregnant cat-queening kittens Nursing mom with kittens

Orphaned kittens requiring bottle feeding (24 hour care)

Adult Dogs: Small breed Medium breed Large breed

Fearful, depressed

With discipline problems

Health recovery or hospice

Need socialization

Adult Cats: Fearful, Depressed

FIV or FeLV positive

Health recovery or hospice

Need socialization

FOSTER CARE:

Explain your reason for wanting to foster an animal at this time:

What do you consider the negative aspects of fostering? _____

Are you willing to have a Foster Representative visit your home? Yes/No

Can you transport your fosters to Maxfund for medical attention, vaccinations, x-rays, spay/neuter (hours are M-F 1:00-4:00 or Sundays 11:00-4:00)? Yes/No

Do you have a warm, dry ventilated room for the foster pet? Yes/No

For dog fosters, is your property completely fenced by at least a 6 foot high fence? Yes/No

Are you able to provide isolation from other pets for the foster animal, if needed? Yes/No

Are you able to bring the pet to the shelter or have potential adopters visit your home? Yes/No

REFERENCES:

Please list the names and contact information for 3 references *who routinely see you with your pets, do not live in your home and are not related to you.* Neighbors, friends, petsitters, etc.

#1: Name _____ Phone: _____

#2: Name _____ Phone: _____

#3: Name _____ Phone: _____

Should you be selected as a foster parent and accept a foster animal into your care, you will be required to agree to our Foster Agreement. The Foster Agreement states that you are a representative of Maxfund and that *you have responsibility for the animal while in your care.* The agreement also states that you and your family agree that Maxfund will not be held responsible for damage or injury caused by foster animals. As a Maxfund foster parent you are expected to follow any and all policies of the Maxfund Adoption Center. You will be given information regarding vaccination schedules, medications, and special diet and/or feeding instructions as well as general health care for the particular pet you will be fostering.

Applicants signature _____ Date _____

Submit completed application in person at Maxfund, *or* via mail to our address on page one, *or* via Fax to 303-595-0192, *or* via email to fosters@maxfundvolunteers.org. Thank you for caring!