Truth or Consequences Animal Shelter
Foster Parent Application

Foster Parent Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

How would you prefer to be contacted?

_____

Do you have any physical limitations? ☐ Yes ☐ No
This will not prevent you from being considered for a volunteer position.

If yes, please describe:

_____

_____

Do you have any allergies to cats or dogs? ☐ Yes ☐ No

If yes, please describe:

_____

_____

Do you have any children? ☐ Yes ☐ No
If yes, what are the ages? _____

Are there any other residents in the house? ☐ Yes ☐ No
If yes, do they agree with fostering an animal? ☐ Yes ☐ No

I consider myself to be: ☐ an experienced pet owner ☐ a somewhat experienced pet owner
☐ a new pet owner

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Emergency Contact

Full Name: _____

Relationship:_____ Phone: _____

Address: _____

Foster Parent Questionnaire

Do you ☐ Own ☐ Rent
If selected rent, please supply landlord's name and phone number: _____

_____

If you selected rent, are you aware of any size or breed restrictions at your residence? _____

_____

What type of home do you live in? ☐ Apartment ☐ Condo ☐ Single Family Home

☐ Other: _____

How long have you lived at the address listed above? _____

How long are you willing to foster an animal? _____

What type of confinement do you have?
☐ Crate ☐ Date Gate ☐ Separate Room ☐ Fenced Yard

If you selected yard, how tall is the fence? _____

Where will the animal be housed during the day when you are home? _____

_____

Where will the animal be housed during the day when you are gone? _____

_____

How long are you gone each day? _____

Where will the animal sleep at night? _____

_____

Do you currently have any other pets? ☐ Yes ☐ No
If yes, please provide their species, age, breed, and temperament: _____

_____

_____

Are they up-to-date on their vaccinations? ☐ Yes ☐ No
Are the fixed? ☐ Yes ☐ No ☐ Some are

Are you willing to work on some basic training with your foster animal? ☐ Yes ☐ No

Are you willing to give your foster time to adjust to you home and its new environment? ☐ Yes ☐ No

What would you do if you came home and found your foster had destroyed a possession or household item?

_____

_____

Are you able to take your foster to vet appointments if needed? ☐ Yes ☐ No
If a vet appointment is needed for the foster animal, please call the shelter first so that way the shelter staff can schedule the appointment.

Animal Questionnaire

Please indicate which kind of animal you would consider fostering (check all that apply):

☐ Cats ☐ Kittens
☐ Puppies under 6 months ☐ Puppies 6 months to 1 year
☐ Adults dogs ☐ Senior Cats/Dogs

I would like to foster an animal that is:

☐ Quiet ☐ Playful with people
☐ Playful with other animals ☐ Very active

It's okay that the animal is:

☐ Shy ☐ Not good with cats
☐ Not good with dogs ☐ Dependent on people
☐ Independent from people ☐ Untrained
☐ Somewhat trained ☐ Not house trained

Would you be willing to foster a nursing mom and her litter? ☐ Yes ☐ No
If yes, what species? ☐ Cat ☐ Dog

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Requirements

Prospective Applicants will be subject to the following requirements:

- Each foster parent must be over the age of eighteen (18) years of age.
- All potential foster parents are subject to a criminal background check. The City reserves the right to deny fostering opportunities to individuals based upon the results of these checks.
- All fosters will be required to read and adhere to the Volunteer Handbook

Acknowledgement

Signing below indicates acknowledgement of the requirements listed above and gives Truth or Consequences permission to obtain necessary background checks.

Applicant Signature:

_____

Date: _____

Staff Use Only

ID Verified _____ Date: _____

Background Check Completed _____ Date: _____