



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Case Number \_\_\_\_\_

The Biscuit Foundation  
P.O. Box 2281  
Burlington, NC 27216  
Phone: 336-376-8531  
Phone: 336-266-3145

## FOSTER HOME APPLICATION

We would **love** to have you join our network of foster families. Our goal is to be able to help people and their pets and in order to do that we need your help! We will cover all veterinary expenses with our veterinarian. We ask that you furnish the food, pet dishes, a bed, toys and lots of love. Please answer all of the following questions as completely and honestly as possible - the more details that you can give us, the easier it will be to match you up with the best foster pet for your situation. After we receive your form we will contact you to discuss your application. Your veterinarian will be contacted to verify your pet's information. At that time a Biscuit Foundation member will arrange for an in-home visit. Thank you for volunteering to save the life of a wonderful pet.

### Personal Information

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

Spouse: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Your Age: \_\_\_\_\_ Spouse's Age: \_\_\_\_\_

Are you expecting a child or planning a family?  Yes  No

Does your or your spouse's job require frequent out of town travel?  Yes  No

Are you or your spouse subject to relocation?  Yes  No

Are you a student?  Yes  No

Are you in the military?  Yes  No

Note: all foster pets will be current on vaccinations and free of internal and external parasites.

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## Family Information

How many family members live in your home including yourself? \_\_\_\_\_

List the ages of the family members living in your home:

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Besides your immediate family, are there others residing in your home?  Yes  No

List the ages of the others living in your home:

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## Home Information

Do you own or rent?  Own  Rent

If you rent, please provide name and phone number of your landlord.

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How long have you lived at your current address? \_\_\_\_\_

Please describe your neighborhood: \_\_\_\_\_

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Does your home have a yard?  Yes  No

Does fencing completely enclose the yard?  Yes  No

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## Home Information "cont'd"

If not, explain how and where you will allow a dog to exercise and relieve itself? \_\_\_\_\_

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If your yard is fenced, please describe what kind: \_\_\_\_\_

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How tall is your fence? \_\_\_\_\_ Is the gate currently locked with a padlock?  Yes  No

Can strangers gain access to your yard from the street?  Yes  No

Some insurance companies may cancel your homeowner's insurance if there is a pet on the premises. It is your responsibility to check with your agent to ensure that fostering a pet will not adversely affect your policy.

## Other Pet Information

Do you have others pets at this time?  Yes  No

If yes, are they spayed or neutered?  Yes  No

If yes, are they currently on heart worm preventative?  Yes  No  N/A

If yes, are they indoors or outdoors?  Indoors  Outdoors

Please describe in detail the perfect pet for you, including age, sex and temperament: \_\_\_\_\_

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## Other Pet Information "cont'd"

Do your pets get along with (tolerate) other animals?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever fostered a pet before?  Yes  No

Do you prefer a pet that will be primarily fostered indoors or be primarily fostered outdoors?  Indoors  Outdoors

Please describe where the pet will stay when you are at home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe where the pet will stay when you are away: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe where the pet will sleep at night: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the pet be alone? \_\_\_\_\_

Do you have a crate?  Yes  No

Do you plan to use a crate? Why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, how many hours per day will the pet be crated? \_\_\_\_\_

What kinds of solutions would you be willing to try if housebreaking accidents occurred?

Crate  Leave outside  None, I would need to return the pet

Other (specify) \_\_\_\_\_  
\_\_\_\_\_

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## References

Many veterinarians will not release information to us without your permission. Please let your vet know that someone from The Biscuit Foundation will be calling them and that it is OK to release information to us.

I called my veterinarian(s) on this date: \_\_\_\_\_ and I spoke with: \_\_\_\_\_ to let them know that someone from The Biscuit Foundation will be calling and I have given my permission for them to release information to you.

Please provide us with your current veterinarian information (required):

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

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

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

Phone: \_\_\_\_\_

Please provide three references not related to you:

Reference # 1:

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Reference # 2:

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Reference # 3:

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## And Finally...

Do you mind if families interested in adopting a pet come to your home to visit it?  Yes  No

Do you have a pet gender preference?  Yes  No

Do you have a pet age preference?  Yes  No

Do you have a time frame regarding how long you will be able to keep the pet or pets?  Yes  No

Please explain: \_\_\_\_\_

If you were referred to us by anyone, please tell us so we can thank them. \_\_\_\_\_