



FOSTER CARE APPLICATION

New Mexico Animal Friends

2917 Carlisle NE, #112, Albuquerque, NM 87110

FAX: 884-9226; PHONE: 881-7297; EMAIL: nmafinc@aol.com

Thank you for your interest in our Foster Care Program. If you would like to become a foster care provider for NMAF, please complete this form and mail or fax it to NMAF's office, or give it to the Foster Care Coordinator at an Adoption Clinic.

In order to be considered as a Foster Care Provider, you must:

- Be 21 years of age or older;
- Be willing to receive home visits from an NMAF representative, as required by NMAF policy;
- Have the consent of other family members and/or your landlord;
- Be able and willing to provide in-home training, transport the pet to adoption events and veterinary appointments, provide adequate exercise, and provide proper care for the animal.
- Be able to bring foster animal to NMAF Adoption Clinics at least 3 Saturdays per month.

Please Provide Responses to the Questions Below:

Name _____ Date _____

Address _____

City _____ Zip _____ Home Phone _____ Work/Cell _____

E-mail _____ Driver's License # _____

How did you hear about our Foster Care Program? _____

What kind of vehicle do you drive? _____ Will a crate fit in your vehicle? _____

What kind of pet(s) are you interested in fostering?

Dog

Cat

Puppy

Kitten

How many pets would you consider fostering at a time? _____

Will you be able to provide long-term (2 months or more) or short-term (2 months or less) care?

Short-term Long-term (Explain if you have any limits or special conditions)

What are your reasons for wanting to foster a pet?

Do you have preferences as to breed, gender, age, size, length of fur, high/low energy, etc?

How many dogs or cats have you had in the past 10 years? Dogs _____ Cats _____

Do you still have any of these pets? Yes No (if yes, list on next page)

Please list the pets you currently have in your household (*use reverse side if more space is needed*):

Name	Species	Breed	Spayed/Neutered	Age

Who is your veterinarian?

Please the type of home you currently live in:
House Apartment Condo Townhouse Mobile Home

Do you own or rent? Own Rent If you rent, does your lease allow pets? Yes No

If you rent, what is your landowner's name and phone number? _____

How many people live in your household? _____

If there are children in your home, what are their ages?

Please describe your yard (fence type and height(s), gates, shelter, grass, gravel, etc.)

Do you have a doggie door? Yes No Are your windows fully screened? Yes No

Where will your foster pet(s) stay in the daytime? _____

Where will your foster pet(s) sleep at night? _____

Are you willing and able to bring the foster care animal to the NMAF Adoption Clinics at least 3 Saturdays per month and to other occasional special adoption events? Yes No (*and explain any potential conflicts other than **occasional** out-of-town trips, etc.*)

Are you willing to have a home visit? Yes No

By signing below, I certify that the information I have provided is accurate. I understand that intentionally providing inaccurate information can result in denial or termination of the Foster Care Agreement with New Mexico Animal Friends.

Signature: _____ Date: _____