

# FOSTER APPLICATION

Orphans of the Storm, Inc.  
P.O. Box 838, Route 85 East  
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Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Your age: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you rent? Yes  No  Own? Yes  No  Live with parents? Yes  No

If you rent, we will request landlord approval for animals in residence. Landlord name and phone:

\_\_\_\_\_

If you live with your parents, we will need approval for foster care in their home.

Are there other adults in your household? Yes  No

If yes, are they aware and in agreement with fostering animals in this home? Yes  No

Are there children in the household? Yes  No

If yes, what are their ages: \_\_\_\_\_

## **PAST EXPERIENCE**

Please list the type of pets that you currently have in your home:

(Species, Breed, Age, Sex, Spayed or Neutered):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your animal(s) current on all vaccinations? Yes  No

Current Vet Name: \_\_\_\_\_ Date of last vet visit: \_\_\_\_\_

Is your pet(s) licensed? Yes  No

Please circle the type of animal(s) you would be interested in fostering:

### **CATS**

Adult  
Pregnant/Nursing family  
Kittens  
Injured  
Sick  
Senior  
Hospice Care  
Behavioral issues  
Kennel break

### **DOGS**

Adult  
Pregnant/Nursing family  
Puppies  
Injured  
Sick  
Senior  
Hospice care  
Behavioral issues  
Kennel break

Do you have prior experience with the type of foster care that you are willing to provide? Yes  No

If yes, please explain (include the organization, **phone number** and dates):

May we contact the organization? Yes  No

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Are you willing to bring the animal(s) to Orphans for periodic checkups and vaccinations? Yes  No

Are you willing to bring the animal(s) to Orphans or an emergency clinic (during the day and/or night) should they become ill? Yes  No

Are you willing to administer medications should the animal require them? Yes  No

Are you able to keep the foster animal(s) separate from your own animals? Yes  No

Where will your foster animal(s) be kept during the day? \_\_\_\_\_

Where will your foster animal(s) be kept during the night? \_\_\_\_\_

Are you willing to attend training class(es) for fostering? Yes  No

**FOR MEDICAL BEHAVIOR**

Under certain circumstances it is necessary to have a foster home visited or reviewed to ensure a good match; would you be agreeable to this if requested? Yes  No

**FOR DOGS ONLY** Is your yard fenced? Yes  No

Please describe (height, width, type of fence, etc): \_\_\_\_\_

I would need Orphans of the Storm to provide me with the following supplies to foster an animal:

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What is the length of time that you are willing to keep a foster animal? \_\_\_\_\_

Are there any restrictions as to the type of animal that you are willing to foster? Yes  No

If yes, please explain:

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