Road Trip Rescues Inc.

APPLICATION FOR FOSTER PARENT PROGRAM

Name_		Date						
Address	3							
Are you	over the age of 18? Yes / No							
Phone ((H)	_(C)						
(W)	En	nailFacebook Name						
Rent/O	wn Landlord_	Phone						
Fenced	in yard?	If no, how will you ensure the safety of your foster?						
Interes	ted in Fostering:							
Please	circle all that apply:							
CATS:	Injured / Sick / Elderly / Pregnant / Nursing Mother & Kittens / Newborns without Mother / FELV Positive /							
	FIV positive / Ferals							
DOGS:	Injured / Sick / Elderly / Pregnant / Nursing Mother & Pups / Newborns without Mother /							
	Puppies too young for adoption / In need of socialization							
Do you	have any restrictions: Breed	/ Age / Sex / Size (Please explain below)						
	available for emergency fostors known if the dog has contag	er of dogs? Yes / No This would be a foster of 1 – 2 weeks for dogs that need to be quaranting ious disease (to other dogs).						
Reason	for wanting to foster							
Previou								

Animals you have had in the last five years:

NAME	SPECIES/BREED	AGE	HEALTH	SPAYED/ NEUTERED	LIVING WITH YOU / OTHER SITUATION	
Veterinarian				Phone		
Personal Reference	e	Phone				
Will fostering an ar	nimal be a cause of proble	ems with fam	nily members or houser	mates? Yes / No	0	
Do you have the ti	me to provide the care ne	eded for a fo	oster animal? Yes / No			
Are you willing to h	ave an Agent from Road	Trip Rescue	s visit your home? Ye	s / No		
Is anyone in your h	nousehold allergic to anim	als? Yes / N	No			
	ormation presented in this Rules and Regulations of			and I consent to	my references being co	ntacted. I agree
Signature			Date			
	n set up for potential fos share the email address.				now of anyone who wo	uld like to foster
	e would like to place as r situations, so we need as			we would also	like to keep a handful of	homes open for
	nank you for applying to b Ir willingness to open you	•	•	•	g is extremely rewarding	and we are very
Contacts:	Beth Rimer, President		908-30)3-6322		