



PET FOSTER APPLICATION

Outreach to Pets in Need (OPIN, Inc)

A 501(c)(3), all-volunteer nonprofit

www.OPINpets.org
outreach@opinpets.org

We reserve the right to approve or deny any foster application

Please complete and US mail to: OPIN, Inc., PO Box 488, Riverside, CT 06878-0488

OPIN offers two foster programs: **The SafePet program is for pets owned by victims of Domestic Violence**, cats, dogs, birds, rabbits, etc. You provide safety to a pet while its owner finds safe housing away from their abuser. The need is sudden and the length of foster time is shorter in nature, ranging anywhere from 1 day to no more than 60 days maximum, but on occasion longer. Pets return to their owner after the agreed foster period ends. **Our regular foster program is for pets taken in by OPIN**, generally cats and dogs. These pets are fostered until a suitable adopter can be found. This can be anywhere from a few days, to as long as 6-months, depending upon the attractiveness of the pet; breed, color, age and health can play a role in how long it takes to find an adopter.

Completion of application doesn't guarantee approval. Print legibly and clearly on all pages. Thank you!

Today's date _____

I prefer to become a: SafePet Foster ____ Regular Foster ____ Foster to any pet in need ____

To foster, you must be at least 21 years old, have the knowledge and consent of all adults living in your home, and be able & willing to spend the time needed to provide the pet with proper care. I have read and understand this _____ (please initial)

Name of applicant _____ Birth date _____

Applicant's place of employment _____ Occupation _____

Full Address/City/State/Zip _____

Phone #'s - Daytime _____ Evening _____ Cell _____

E-mail address: _____

Name of spouse/partner you live with _____

Spouse/partner's place of employment _____ Occupation _____

Applicant works: From ___ a.m./p.m. To ___ a.m./p.m. **Spouse/partner**: Fr ___ a.m./p.m. To ___ a.m./p.m.

Do you own or, have you ever owned a pet? Yes _____ No _____

How many animals and what types of animals do you currently have in your home?

Have you ever given a pet to a shelter or to someone else? Yes ____ No ____ If yes, please explain:

Have you ever had a pet euthanized? Yes _____ No _____ If yes, please explain: _____

Why do you want to foster an animal? _____

What would you do if the pet soils your house? _____

Do you have an indoor room in which your foster animal(s) can be safely kept away from other animals in your home if necessary? Yes _____ No _____

Is someone home during the day? Yes _____ No _____ If yes, who? _____

Does anyone in the household smoke? Yes _____ No _____

What type of food will you feed this pet? _____

Is any household member allergic to animals? _____ If yes, how will you deal with reactions to this pet?

How many adults in your home? _____ How many children? _____ Ages: _____

How does your spouse/partner feel about fostering a pet? _____

YOUR EXPERIENCE AND FOSTER SELECTIONS:

I have experience handling and caring for the following:

Pregnant cat/cat & kittens Pregnant dog/dog & puppies Caged bird Rabbit
 Kittens Puppies Pocket Pets (guinea pig, hamster, rats, mice)
 Sick cat/kitten Sick/injured dog/puppy Farm Animals (Specify: _____)
 Adult cat Adult dog Other (Reptiles, Ferrets, Chinchillas, Fish etc)

I am willing to foster the following:

Pregnant cat/cat & kittens Pregnant dog/dog & puppies Caged bird Rabbit
 Kittens Puppies Pocket Pets (guinea pig, hamster, rats, mice)
 Sick cat/kitten Sick/injured dog/puppy Farm Animals (Specify: _____)
 Adult cat Adult dog Other (Reptiles, Ferrets, Chinchillas, Fish etc)

THE FOLLOWING QUESTIONS PERTAIN TO DOG FOSTERING:

Did you ever own or foster a dog? _____ Do you still have your dog? _____

If not, what happened to the dog? _____

Size of dog I would be able to handle comfortably: Small _____ Med. _____ Large _____ Any size _____

Was your last dog obedience-trained? Yes _____ No _____ Does not apply _____

Where is the foster dog to be kept? Daytime _____ Evening _____

Where will the dog sleep at night? _____

Are there any areas of the house where the dog is not allowed? _____

Do you have a yard? _____ If yes, how large? _____ Is your yard fenced in? _____

Is the yard fenced in completely? _____ How high is the fence? _____ Is there a gate? _____

If not fenced in, how will the dog be kept on your property? _____

Do you have a dog door? Yes _____ No _____ If yes, where does it lead? _____

Will the dog be tied up sometimes? Yes ___ No ___ If yes, when? _____

Will the dog spend any time in the garage? Yes ___ No ___ If yes, please explain: _____

Will the dog spend any time in the basement/cellar? Yes ___ No ___ If yes, please explain: _____

Do you have a pool? Yes ___ No ___ If yes, is there a fence around the pool? Yes ___ No ___

If your foster dog/puppy is not housebroken, what method will you use to train him/her? _____

If you drive a pickup truck, will the dog ride in the back? Yes ___ No ___ N/A _____

What type of behavioral problems would you consider NOT acceptable? _____

What would you do to correct it? _____

What type of dog training methods will you use? _____

Have you ever crate trained a dog? _____ Do you agree with crate training? _____

If not, why not? _____

What will you do if the dog ruins something you value? _____

Who in your household will exercise this dog every day? _____

How much exercise will this dog get every day AWAY from your property? (By exercise we mean a person walking/ jogging/ biking/ rollerblading with the dog. Time running around the yard does not count.) Please specify the amount of hours or minutes for each day:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Where will you exercise the dog? _____

Are you willing to work out bad habits the dog may have? (barking, chewing, house-soiling, jumping, mouthing, aggressiveness, etc.) Yes ___ No ___

Will the dog go to work with you? No ___ Yes ___ Retired ___ Work from home _____

How many hours each day will the dog be without human companionship? _____

Where will the dog be kept when home alone? _____

Describe where and what the dog would be doing on a typical day:

Morning to noon: _____

Noon to 5pm: _____

5pm to midnight: _____

Are you willing to bring your foster dog to OPIN's obedience classes each week? Yes ___ No ___

Do you own or rent your home? _____ How long have you lived at your current address? _____

If you rent, do you have a lease in place with your landlord? Yes ___ No ___

Do you live in a: House ____ Apartment ____ Condo ____ Townhouse ____ Other ____ (explain)

If you rent, provide name and telephone number of your landlord - **(REQUIRED)**

Name: _____ Telephone: _____

If you rent, please provide the section of your lease indicating you are allowed to have pets including any limitation in number, size, weight, breed, if any. *If pets are not mentioned in your lease, we will ask your landlord to sign the "Permission to Have Pets" form at the end of this application.*

If you own, and we cannot confirm ownership, we will need proof of ownership, either a copy of your Real Estate tax bill or a copy of mortgage paperwork. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating pets are allowed, the number allowed and any limitations in size, weight, number, breed.

Please provide references of two people (not related) who have known you 5 years or more:

Personal Reference: _____ Phone # _____

Personal Reference: _____ Phone # _____

Present and Former Veterinarians

Name of your PRESENT Veterinarian & Hospital: _____

City and phone number (Present Vet): _____

Owner name your pet records are under (if different than applicant): _____

Name of your FORMER Veterinarian & Hospital: _____

City and phone number (Former Vet): _____

Owner name your pet records are under (if different than applicant): _____

Give us information about all the animals alive and currently living in your household:

Name of Pet	Dog/Cat/ Other	Breed	Sex	Spayed / Neutered?	Age	Weight	Vacci- nated?	If Dog- licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise):

Name of Pet	Dog/Cat/ Other	Breed	Sex	What happened to pet? If deceased, how did it pass away?	Age at death	Date of death or surrender

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Where did you hear about OPIN and the pet for foster? _____

Are you familiar with local animal control laws? Yes _____ No _____

Have you fostered before? Yes _____ No _____ If yes, for what organization? _____

Please give us a contact in that organization (name and tel. #): _____

Are you still fostering for them? Yes _____ No _____ If not, why? _____

Additional comments from applicant: _____

PLEASE READ CAREFULLY BEFORE SIGNING

HOME VISITS: OPIN will perform pre-foster and post-foster home visits.

USE OF PET: You agree that the pet will be fostered as a house pet and companion and is not to be kept kenneled, chained up, tethered, on a cable run or penned outside, or if dog, used as a guard dog or for personal protection.

COPY OF DRIVER’S LICENSE (or other form of official ID) IS REQUIRED

This application is designed to help us determine if the foster is in the pet’s best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise foster can result in an unpleasant experience for foster families and may hurt the pet for adoption or being kept safe from Domestic Violence. We hope you will agree that the pet’s welfare must be our foremost concern.

I understand the above questions and I authorize OPIN to review and verify all statements contained in this application. I understand that misrepresentation or omission of facts is cause for denial of adoption. By signing this application, I am stating that the above mentioned is true.

Your Signature _____ Date: _____

For OPIN use only:

Final comments: _____

_____ Approved _____ Denied By _____ Date _____

THE PERMISSION TO HAVE PETS FORM BELOW APPLIES ONLY TO APPLICANTS WITH RENTAL AGREEMENTS WITHOUT PET CLAUSES, FOR INSTANCE, IF NO LEASE.

OPIN asks that your landlord fill out form and return it to us as part of your application.
If your management company has a different pet form, please let us know, have them sign it and send it to us.

PERMISSION TO HAVE PETS FORM

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LEASE RIDER ANNEX

DATED _____

BY AND BETWEEN _____, **AS LANDLORD**

AND _____, **AS TENANT FOR THE**

APARTMENT **CONDO** **HOUSE** **OTHER** _____

LOCATED AT:

_____ **City** _____ **State** _____ **Zip** _____

1. It is agreed between the parties that the tenant will be allowed to harbor
(please write the number of pets) _____ dog/s and _____ cat/s in the premises.
2. Tenant shall not permit any disturbing noises by any pet in the premises or in the
building (if applies) or permit anything to be done to interfere with the rights,
comforts or convenience of the other tenants (if applies).

Name and signature of Landlord (or agent, if applies)

Name and signature of Tenant

Date

Date