



Bobbi and the Strays Foster Application

www.BobbiAndTheStrays.org
Bobbi and the Strays
P.O. Box 170129
Ozone Park, NY 11417
Tel: (718) 326-6070 or (516) 378-4340

Date: _____

All Questions Must Be Answered Please.

- 1) Type of animal you wish to foster? Dog Cat
- 2) Name of Pet you wish to foster? _____
- 3) Why have you chosen this dog or cat? _____

Please explain what you are looking for in a pet? What breed or breeds (mixed breed), personality, energy level, size, age, etc. _____

Your name: _____ e-mail address: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

- 4) Do you currently have any cats? Yes No How many? _____
 - a. Are they spayed/neutered? Yes No
 - b. Are they declawed? Yes No
 - c. Are they indoor or outdoor pets? Indoor only Outdoor only Indoor/Outdoor
- 5) Do you currently have any dogs? Yes No How many? _____
 - a. Are they spayed/neutered? Yes No
 - b. Are they indoor or outdoor pets? Indoor only Outdoor only Indoor/Outdoor
- 6) Have you ever owned a dog or cat before? Yes No
 Cats? Yes No Dogs? Yes No
 Please tell us about this pet/these pets. _____

7) Have you ever had to give up a pet? Yes No

8) Why? _____

9) Where did you bring them/leave them? _____

10) Have you ever "fostered" a dog or cat before? Yes No
 Please tell us about this pet/these pets. _____

Name of your vet clinic: _____ Phone #: _____

Name of your veterinarian: _____

11) Do you own OR rent? Own Rent
 Type of Dwelling: Apartment Co-op Condominium House Other _____

12) If renting, do you have permission to have a pet? Yes No
 Landlord's name: _____ Phone #: _____
 Landlord's address: _____

13) Do you have access to a yard? Yes No Fence Type & Height: _____

14) Do you have screens on ALL of your windows? Yes No

15) Will your foster pet be allowed outside or will it be indoors only?
 Indoor only Outdoor only Indoor/Outdoor

16) What are your plans for this cat or dog and where will they spend the day? _____

17) Do you have a plan to separate this pet from your other pets? Yes No

18) Where will the cat or dog sleep? _____

19) How many hours will the pet be alone in a typical day? _____

Number of adults in your household: _____

Number of teens/children in your household and their ages: _____

- a) Have children been taught how to interact with a dog and/or cat? Yes No
- b) Will they be supervised? Yes No
- c) Will you be teaching animal security in your home? (teaching family not to leave doors open, be careful to always close fences, etc.)? Yes No
- d) Is anyone in your home allergic to pet hair and/or dander? (If you are not sure – this must be verified prior to adoption.) Yes No

20) Do you travel often? Yes No
How often? _____

21) You are REQUIRED to inform us at least 1 week in advance of your travel so that we may make other arrangements for your foster pet. Do you understand this? Yes No

22) If a behavior problem arises with this animal, are you prepared to invest the time to help? Yes No

23) What behavior issues would you not be willing to deal with? _____

24) Are you able to support this pet in regards to supplying food for it? Yes No

25) Is it OK for us to visit your home? Yes No

26) Are there any other comments or information that you would like to add? _____

Please provide three (3) personal references (other than a family member):

I) Name: _____ Phone #: _____
Address: _____
Relation to you: _____

II) Name: _____ Phone #: _____
Address: _____
Relation to you: _____

III) Name: _____ Phone #: _____
Address: _____
Relation to you: _____

Name of your employer: _____ Business Hours? _____

How long have you been employed at this company? _____