



A No-Kill Animal Shelter

Foster Care Application

Macoupin County Adopt-A-Pet
 a.k.a. Benld Adopt-A-Pet
 PO Box 53 - 807 Stewart Rd - Benld IL 62009
 Phone 217.835.2538 - Fax 217.835.2537
 License No. 087-6098

Personal Information: *(Please print)*

Name _____ Age _____ Date _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Phone _____

Email _____

Household Information:

Number of adults (including yourself) over age 21 residing in household _____ Ages _____

Number of children under age 21 residing in household _____ Ages: _____

Is anyone allergic to dogs or cats? Yes No If yes, who? _____

Do you live in: House Apartment Condo Duplex Mobile Home Townhouse

Do you: Own Rent Lease How long have you been at this address? _____

If you rent, what is Landlord's Name _____ Phone _____

*If renting, we will contact your landlord to verify that fostering in your home is acceptable.
 You will be allowed to begin fostering once positive confirmation is received.*

List all pets that reside at your address: *(Use back of application if you require additional space.)*

*We recommend all other animals in your home be altered and up to date on vaccinations.
 If you have any concerns about fostering animals, please discuss them with your veterinarian.*

Name	Breed(s)	Age	Dog or Cat	Male/ Female	Spayed/ Neutered	Vaccines Current	How Long Owned
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	

Name of your veterinarian? _____ Phone _____

Do your dogs/cats get along with other dogs/cats? Yes No Unknown

Do you have a securely fenced yard: Yes No Type of fence _____ Height of fence _____

All foster dogs and puppies **must** be supervised at all times when outdoors. Cats and kittens **must** be kept inside at all times.

If no fenced in yard, do you agree to keep your foster dogs on leash at all times when outside? Yes No

On an average day, how many hours will the foster animal(s) be alone? _____

Where will the foster animal(s) be kept when someone is home? _____

Where will the foster animal(s) be kept when someone is not home? _____

Where will the foster animal(s) sleep at night? _____

How would you describe your level of experience with dogs/cats? (Check all that apply)

- Never had a dog cat Had childhood pet dog cat
- Had one or more as an adult Have experience with X-large or bully breeds
- Have experience working with on-going medical problems with a personal dog cat
- Have experience working at a boarding kennel/groomer/pet sitting service, etc.
- Have experience working with behavioral problems with a personal dog cat
- Have experience working in a veterinary hospital or a professional dog trainer
- Have previous foster/rescue experience, if yes, please describe _____

Do you have experience with: Small dogs Medium dogs Large dogs

List any experience you have had with specific breeds _____

Are you willing to administer oral medication, eye or ear medications if need be? Yes No

You will be required to bring foster pets in periodically for check-ups and vaccinations. Do you have transportation? Yes No

Have you ever been investigated by Animal Control or had a pet impounded? Yes No

If yes, explain _____

Have you ever had an application to adopt a cat or dog denied? Yes No

If yes, when and by what agency? Date _____ Agency _____

Reason for denial _____

What types of pets are you interested in fostering: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Healthy <input type="checkbox"/> dogs <input type="checkbox"/> cats | <input type="checkbox"/> Sick or injured <input type="checkbox"/> dogs <input type="checkbox"/> cats |
| <input type="checkbox"/> dogs <input type="checkbox"/> cats with behavioral issues | <input type="checkbox"/> Pregnant <input type="checkbox"/> dogs <input type="checkbox"/> cats |
| <input type="checkbox"/> Healthy <input type="checkbox"/> kittens <input type="checkbox"/> puppies | <input type="checkbox"/> Sick or injured <input type="checkbox"/> kittens <input type="checkbox"/> puppies |
| <input type="checkbox"/> Orphaned <input type="checkbox"/> puppies <input type="checkbox"/> kittens (bottle fed) | <input type="checkbox"/> Mother with nursing <input type="checkbox"/> puppies <input type="checkbox"/> kittens |
| <input type="checkbox"/> Special needs (deaf, blind, etc.) <input type="checkbox"/> dogs <input type="checkbox"/> cats | <input type="checkbox"/> Long-term hospice care |
| <input type="checkbox"/> Pit bull/Bully breeds | |

Please tell us anything else about yourself that might help us match you up with the right foster animal:

Staff Notes

Please read the following fully and carefully:

MCAAP determines the criteria for fostering, decides which animals are eligible for foster care and appoints the foster parent. You will be required to fill out the Foster Application for consideration and a Foster Care Agreement when you are assigned a pet. Staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.) and any other restrictions or expectations we may have. As a foster you may always refuse any specific request to foster an animal for any reason. As an approved foster you are granting MCAAP and/or The Illinois Department of Agriculture permission to visit and inspect your home.

You will be expected to keep the animal safe and secure, return it to MCAAP when requested to do so, and not give or promise the animal to anyone, or imply that you have the authority to approve a potential adopter. MCAAP retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption and placement of the animals fostered.

MCAAP agrees to provide all necessary food, litter, bedding, and toys for the animal while it is in their care at their home. The foster parent may be required to transport the animals to the shelter for care, veterinary appointments, vaccinations, etc. Upon returning your foster animal to the shelter we request that you fill out a brief report about your foster animal’s behavior and personality.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that although MCAAP takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal which I have been asked to foster. I acknowledge that MCAAP is not responsible for any property damage or personal injury suffered by me, members of my household (including my own animals), or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury from happening.

Signature

Date

Witness

Date