

APPLICATION TO TEMPORARY LOVING CARE PROGRAM FOR OTTER CREEK ANIMAL SHELTER (formerly known as Buchanan County Animal Shelter)

The goal of the Otter Creek Animal Shelter's foster program is to provide a temporary in-home environment for animals under our care. To ensure that the experience is safe and pleasant for both you and the animal, please complete the following application.

Please email the completed application to info@ottercreekanimalshelter.org or return to Otter Creek Animal Shelter, Box 360, Jesup, IA 50648

**CONTACT For cats:
INFO:**

For dogs:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (primary) _____ Phone (secondary) _____

Email _____

Who will be the primary caregiver? _____

Do all humans in your household fully support fostering? Yes No

Have you attended Volunteer Orientation? Yes No If yes, provide month and year _____

Do you own your home? Yes No If no, we need your landlord's authorization. Please provide the following:

Landlord Name _____ Landlord Phone _____

Are children living in the home? Yes No If yes, how many? _____ Ages _____

How many pets currently share your home? _____ Dogs _____ Cats _____ Other (please specify) _____

Ages of dogs _____ Breeds of Dogs _____

Ages of cats _____

Are your pets current with vaccinations & preventative maintenance (flea & heartworm treatment?) Yes No

Veterinarian's name where vaccinations were last given: _____

(For the safety of all animals involved, we require that your pets be current with their vaccinations.)

Are your pets spayed/neutered? Yes No

Do any of your pets have medical or behavioral issues? Please explain. _____

What type of fostering situations are you interested in? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Weaned puppies | <input type="checkbox"/> Weaned kittens |
| <input type="checkbox"/> Unweaned puppies | <input type="checkbox"/> Unweaned/bottle fed kittens |
| <input type="checkbox"/> Dogs with medical needs | <input type="checkbox"/> Cats with behavior issues (scared, unsocialized, etc.) |
| <input type="checkbox"/> Mother dog & puppies | <input type="checkbox"/> Cats with medical needs |
| <input type="checkbox"/> Dogs with behavioral needs | <input type="checkbox"/> Mother cat & kittens |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> Small Critters (rats, mice, gerbils, hamsters) | <input type="checkbox"/> Horses |
| <input type="checkbox"/> Birds | |

Additional Foster Programs I'm willing to participate in:

- | | |
|---|--|
| <input type="checkbox"/> Crisis fosters (up to 2 weeks max)
<i>This program is to provide pet owners in crisis situations a temporary home for their pet(s).</i> | <input type="checkbox"/> Shelter Cat Getaway Program (can be long term)
<i>This program is to provide a vacation for adult cats that have been at the shelter more than two months.</i> |
|---|--|

Do you have a fenced yard? (Note: ARL cats are not allowed outside.) Yes No

If no, please explain how you will keep the pet on your property. _____

Day _____

Evening _____

For what period of time will the pet be left alone? _____

Do you have experience with medical or behavior issues in animals? Yes No

If yes, my experience level is: Beginner Intermediate Advanced

Please provide some detail of your training experience. _____

Please list three references. If you own pets, one must be your veterinarian.

Reference #1 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Reference #2 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Reference #3 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Additional Comments/Questions _____

NOTE: The Otter Creek Animal Shelter requires that all persons fostering an Otter Creek Animal Shelter animal comply with the leash laws of the city in which they reside. All dogs/puppies must be in a fenced yard or on a leash at all times when outside. The Otter Creek Animal Shelter requires cats in foster care be kept indoors at all times.

OTTER CREEK ANIMAL SHELTER STAFF ONLY

HV VOLUNTEER _____ HV DATE _____

OUTCOME _____

APPLICATION ENTERED IN SB

HV EMAIL SENT

HV ENTERED IN SB

NOTES _____

