

Rabbit Haven

Foster Care Application & Questionnaire

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____

Daytime Phone: () - Evening Phone: () -

E-Mail Address: _____

Have you fostered animals before? Yes No
If yes, please explain.

Have you ever cared for an injured animal? Yes No
If yes, please explain.

What types of animal(s) are you interested in fostering?

Please place an "X" next to the types of foster care you would be interested in providing.

- | | |
|---|---|
| <input type="checkbox"/> Socializing
Animals | <input type="checkbox"/> Bottle-Fed
Animals |
| <input type="checkbox"/> Sick/Recovering
Animals | <input type="checkbox"/> Sick/Recovering Requiring
Medications |

Would you be willing to administer medication to your foster animal if needed? Please place an "X" next to any that apply.

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Oral | <input type="checkbox"/> Topical |
| <input type="checkbox"/> Injection | |

How many animals would you be interested in fostering at one time?

What would be the maximum length of time (per foster animal) you would be willing to foster an animal?

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Do you live in: House Apartment Condo Other: _____

Please list all members of your household below.

	Name	M/F	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Does anyone in your household have allergies? Yes No
 If yes, please explain.

Has anyone in your household ever been convicted of domestic, child, or animal abuse? Yes No

Do you have any pets? Yes No
 If yes, please complete the information below.

	Name	Species	Breed	Age	Indoor, Outdoor Or Both
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Would you be able to foster animals separate from your own if necessary? Yes No

Where do you plan to keep foster animals during their stay with you?

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Are you employed? Yes No
If yes, how many hours a week do you work?

Do you have any objections to a Rabbit Haven representative visiting your home? Yes No

Please list two personal character references below.

	Name	Address Street, city, state, zip	Phone (xxx)xxx-xxxx
1.	_____	_____	_____
2.	_____	_____	_____

Signature

Date