# WEST MICHIGAN CRITTER HAVEN Foster Application

Thank you for considering volunteering to help us save more lives by being a foster! Please complete the following application and email it to <u>info@wmicritterhaven.org</u> for review. An adoption/foster coordinator will call you for an interview when it is received. Please do your best to answer each question.

Fosters can expect to provide indoor housing, food, litter and toys for a foster pet. The rescue will provide exercise pens and small animal cages if needed. Vet care is dealt with on an individual basis and must be discussed with the director before treatment.

| Date:  |         |
|--|---------|
| Name:  |         |
| Address:   |         |
| State: Zip:  |         |
| Personal Phone: ()   |         |
| E-mail:  |         |
| Driver's License #:  |         |
| Birth Date:  |         |
| Place of Employment:   |         |
| Work Phone:()  | Ext. #: |
| Name of Spouse or Significant Other:                             |         |
| Driver's License #:  |         |
| Birth Date:  |         |
| Place of Employment:   |         |
| Work Phone: ()   | Ext. #: |
| Please indicate type of animals you are interested in fostering: |         |

#### PERSONAL INFORMATION

Rabbits Guinea Pigs Rats Hamsters Gerbils Chinchillas

## HOUSING INFORMATION

Do you rent, own or lease your housing?

If you rent, does your landlord allow pets? (Please provide a contact number so this can be verified.)

How long have you lived at your current residence?

Do you have use of a vehicle to pick up a foster pet?

Who would watch your foster pet if you went out of town?

#### **CURRENT PET INFORMATION**

Please describe any current pets that reside in your home. Please include their names, age, breed, sex and whether they are spayed/neutered.

Are your current pets up to date on their vaccinations and routine vet care? Please describe past pets and provide details of why you no longer have them:

Please list each person who lives in your home and give the ages of all minors.

Are all members of your home aware of and comfortable with fostering a pet of this type?

Does anyone in your home have allergies to pets, hay, grass or dust?

Describe your views on breeding, showing and other non-companionship uses for pets?

Can you provide an area in your house for the foster pet that is strictly non-smoking?

# **RABBIT & SMALL ANIMAL EXPERIENCE**

Have you ever cared for a pet of the type you are interested in fostering previously?

Why are you interested in fostering?

Please describe the housing you plan to provide a foster pet:

Please describe the daily exercise you plan to give your foster pet:

Please describe what grooming you plan to give your foster pet:

Please describe the type of litter or litter box arrangement you plan to provide your foster pet:

Please describe what toys and enrichment you plan to provide your foster pet:

Please describe the diet you plan to give your foster pet daily:

How much time do you plan to spend interacting with and caring for your foster pet daily:

Are you aware that all pets can chew and/or dig and your home must be pet proofed for safety?

# HANDLING ILLNESS

Do you know the symptoms of an ill, injured or frightened pets of the type you are interested in fostering? Please describe:

Please describe any previous experience with ill or injured animals you may have:

## PERSONAL REFERENCES

Please give three personal references. Include their name, current address and phonen umbers where they can best be reached.

Please give a vet reference. Include the name, address and office phone number. You will need to call your vet ahead of time to give permission for us to speak with them.

Thank you for completing our foster application. An adoption/foster coordinator will contact you for an interview when it is received. www.wmicritterhaven.org