



## Animal Rescue League of New Hampshire – North Foster Caregiver Application

Thank you for your interest in becoming a foster caregiver at the Animal Rescue League of New Hampshire – N (ARLNH-N). Volunteers like you are the heart of our organization and help provide a place for pets that aren't quite ready for adoption. Any individual who is interested in providing foster care must complete this application. The information provided will help to ensure the best animal placement in your home.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Do you (circle one): Own Rent - Landlord's Name & Phone \_\_\_\_\_

Have you fostered animals for the ARLNH-N in the past? YES NO

How did you hear about our foster program? \_\_\_\_\_

Please list the people that live in your home:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is any member of your household allergic to animals? Yes No If yes, please explain: \_\_\_\_\_

How many hours a day would the animal(s) be left alone? \_\_\_\_\_

Who will be the primary caregiver for the foster animal(s)? \_\_\_\_\_

Do you travel regularly? Please explain \_\_\_\_\_

Please list the animals that live in the home

Name	Breed	Age	Altered	Up To Date on Vaccinations?	Indoor/Outdoor?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

May we contact them for a reference?      YES      NO

Do any of the animals in your household need medical care or have medical conditions? (Due for vaccines, yearly exam, on or needs flea control, on medications or special diet, FIV (Feline AIDS), FIP, Feline Leukemia positive, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not have a pet at this time, please describe any prior experience with pet ownership.  
\_\_\_\_\_  
\_\_\_\_\_

What type of animal(s) would you be willing to provide care for?

Cat                       Kitten(s)                       Cat with a litter of kittens                       Rabbit  
 Dog                       Puppy(s)                       Dog with a litter of puppies

Our program encompasses nursing mothers with kittens and puppies, orphans, pregnant cats and dogs, those that need recuperation, socialization or time away from the shelter. We try to accommodate your fostering preference, but please understand we need to place animals that are in the greatest need. Do you have a strong preference for the type of foster situation you take on? If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there restrictions as to the type, size, or number of pets you can foster? \_\_\_\_\_  
\_\_\_\_\_

Most foster assignments range from 2-12 weeks, depending on the age or situation of the animal. With this in mind, are there times of the year when you would be unable to foster?  
\_\_\_\_\_

Is there a restriction to the length of time (per foster) that you are willing to house a foster? Why? \_\_\_\_\_  
\_\_\_\_\_

Please describe the area in which you plan to keep the foster animal(s). Remember, in most circumstances, they need to be kept separate from your own animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you describe your household as:

(Please circle) Quiet Busy Noisy Chaotic Other: \_\_\_\_\_

Do you have any objections to a ARLNH-N representative visiting your home?

Yes No

Would you be able to medicate the foster animal(s) if needed?

Yes No

Would you be able to transport the foster animal(s) to a vet if needed?

Yes No

Please tell us about any questions or concerns you have, or any specifics that we should know about your household, goals, or interests regarding the Foster Care Program. \_\_\_\_\_

In the past we have been able to accommodate some animals being returned early, but have found that this impacts their health. We require foster caregivers to adhere to their assignment schedule unless an emergency prevents this from happening. Please understand that litters of kittens and puppies become rambunctious and increasingly energetic as they approach 8 weeks, and that this is an important socialization time.

Are you able and willing to make the commitment to provide foster care? YES NO

We also request that you bear with us if we cannot accept the animals on their tentative return date. Being an open admission shelter, we never know how much space will be available and being slightly flexible will allow the animals to stay healthier and find better, permanent homes.

Are you able and willing to provide this flexibility? YES NO

Becoming a foster caregiver brings both joy and heartache. Joy in knowing you have given an animal a second chance at a happy life, and heartache in knowing that not all animals can or will survive. From time to time the ARLNH-N must make decisions about humanely ending the life of an animal when they fail to thrive or have health issues that are not possible to treat. We try to be very respectful of the attachment foster families make to the animals in their care, and understand that a strong bond forms quickly, but may not be able to contact you regarding the outcome. Do you feel that you and/or your family are willing and able to abide by and support decisions regarding quality of life made by the ARLNH-N?

Do you have concerns in this area that you would like to discuss with the foster care coordinator before committing to fostering? \_\_\_\_\_

Zoonotic diseases are those that can be passed from other species to humans. Examples are ringworm and rabies. We impress upon all fosters during orientation that safe handling techniques and hygiene are important elements of sharing our homes with pets. Washing hands after handling and monitoring the health and behavior of the animals in your care is critical. Please understand that many animals arriving into the shelter have had no previous veterinary care and may expose your companion animals and/or you to disease. While the occurrence of disease transmission is rare, please understand that the ARLNH-N cannot assume financial, medical, or veterinary responsibility for any transmissions that may occur to yourself, your family or companion animals. Anyone who is pregnant or may become pregnant, has a compromised immune system, or young children should consult their physician before welcoming a foster animal into their home.

The information in this application is accurate and true to the best of my knowledge. I also acknowledge I have read and understand the possible risks of zoonotic disease and of fostering animals in my home. I have expressed any concerns or questions with the foster care coordinator of the ARLNH-N.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to:  
Animal Rescue League of NH - North  
Attn: Foster Care Program  
223 East Main St.  
Conway, NH 03818

If you have any questions please call us at (603) 447-5955. Applicants will be contacted when the next available orientation session is scheduled (or immediate foster care is necessary). Thank You!

\*\*\*\*\*Office Use Only\*\*\*\*\*

Landlord Approval (person spoken to) \_\_\_\_\_

Veterinary Reference \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

Foster Coordinator (interviewer) Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attended Orientation Session? \_\_\_\_\_ Date Attended? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Tracking of Fostered Animals\*\*\*\*\*

Date	ID #	reason for care	problems w/home or animal?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____