## For The Love Of Paws Senior Pet Sanctuary Inc

D.B.A. Paws Meals On Wheels, Space Coast Kibble Kitchen 12198 County Road 512 ● Fellsmere, Florida 32948 772-539-2417 ● www.pawspetsanctuary.org



## **FOSTER PARENT APPLICATION**

What can you Foster? Check all that apply. $\square$ CAT $\square$ I	DOG 🗆 BIRD 🗆 OTHER SMALL AN	NIMAL	
Are you able to Foster multiple pets from same owner	er? □ Yes □ No		
First Name:	Last Name:		
Phone:			
Street Address:	City:	State:	Zip:
Email:			
Do you have experience Fostering pets? ☐ Yes ☐ I	No		
If employed please list employer:			
Number of people in household: List ages	of all living in household:		
I live in a: □ House □ Condo □ Apartment □ RV	/Mobile Home		
<b>Do you rent or own your home?</b> □ Rent □ Own □	Live in Relative/Friend's Home		
*If you rent you must notify your landlord that you	have provided us with their contact info	ormation & that we may co	ontact them to verify
you are allowed to house a pet(s) (unfortunately, we n	nust do this due to past experience).		
For Cats			
My Foster cat(s) will primarily live: □ Indoor only	□ Indoor/Outdoor □ Outdoor only		
Do you have an enclosed lanai or patio?   No	Yes		
Where will Foster cat(s) sleep at night?			
What would you do if Foster cat stopped using the	litter box?		
(Can use back of form)			
Under what circumstances would you return a Fost	ter cat(s)?		
(Can use back of form)			
For Dogs			
<b>Do you have a yard?</b> □ No yard □ Yard with vertice	cal fence	Yard with no fence	
My Foster dog will (select all that apply) □ Be kept	outside □ Be kept inside □ Be outside	when I am not home □ Bo	e inside when I am not
home □ Be crated when I am not home □ Have free	e reign of the house when I am not home	□ Be taken on frequent o	car rides □ Be kept on
a lead line/cable in the yard □ Be outside with a dog	g house in a fenced area □ Be outside ch	ained/tethered to a dog ho	ouse □ Be free

	,	nteracting with adults   Be		
-		ed occasionally	ing with me □ Go boating v	with me □ Be given away
to someone else if I feel it's r	not a good match for me			
What activity/energy level	do you prefer? □ Wild & cra	zy 🗆 Daily jogging partner	□ Plays a bit then hangs ou	t with me □ Walks slowly
on leash & a total couch pota	ato 🗆 Other:			
Under what circumstances	would you return a Foster d	og? □ Not housebroken □ C	Chewing 🗆 Jumping 🗆 Pull	ling on leash during walks
□ Needs obedience training	□ Fear of men □ Fear of w	omen □ Fear of children □ G	rowling □ Barking □ Rougl	h play with other dog(s)
□ High energy □ Food/toy a	nggression/not willing to sha	re with other dogs □ Food/to	y aggression with people $\Box$	Whining/crying
□ Blindness □ Limited sight	□ Deafness □ Separation ar	nxiety 🗆 Diabetes 🗆 Special o	diet □ Long term medicatio	on 🗆 Incontinence/leaking
urine 🗆 Gets stressed/ car si	ck in vehicle □ Doesn't knov	v how to climb stairs 🗆 Can't	climb stairs due to age/arth	ritis/health issues 🗆 Heart
condition □ Skin allergies □	Food allergies 🗆 Heartwork	m preventative 🗆 Other:		
home.		ways home   No, I have pla		
BREED:	SEX:	AGE:	SPAYED or NEUTERED:	# YEARS OWNED:
Two Personal References (I	People who know you, but are n	ot related to you. Can be friend,	co-worker, neighbor, etc.)	
Name:		Email:		
Address:				
Phone:				
Relation to you:				
Name:		Email:		
Phone:				
Relation to you:		<u></u>		
Our goal is to place all pets in	to homes that will best suit thei	r individual needs. Please ask fo	r clarification if you have any a	questions.
, ,		licant will be matched with		•
•		onsidered a good pet owner o	-	
_	e-apply every 6 months to st		-	_

Please sign here:	
Today's Date:	

FOSTER PARENT APPLICATION Form Revised: July 2025