

# Trinity GAP Rescue Foster Application

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

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

City, State, Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which is to be used as contact info on adoption sites? Phone \_\_\_\_ email \_\_\_\_ both \_\_\_\_

Do you live in a \_\_\_\_ house \_\_\_\_ apartment \_\_\_\_ other, explain \_\_\_\_\_

Does your residence have a fenced yard: \_\_\_\_\_ Type of fence \_\_\_\_\_

Children in Household? \_\_\_\_\_ Ages: \_\_\_\_\_

Pets in the Home: Your pets must be altered before fostering a GAP pet!! If not, please explain why. If funds are the issue, we will work with you. \_\_\_\_\_

Species	Gender	Breed	Spayed/Neutered	Age	Lives Inside Or Outside

How long have you been a pet owner? \_\_\_\_\_

Veterinarian: Name, Address, Phone number \_\_\_\_\_

Personal reference (someone outside of your house): Name, address, phone number \_\_\_\_\_

What arrangements can be made for your foster animal(s) if you travel? \_\_\_\_\_

Have you ever surrendered an animal to a shelter? Yes \_\_\_\_ No \_\_\_\_

If YES, what were the circumstances? \_\_\_\_\_

How many hours will your foster be left alone during the day? \_\_\_\_\_

Are you willing and able to transport your foster? (eg. veterinary visits, delivery to new home)

Yes \_\_\_\_ No \_\_\_\_

If you have other animals, have you ever introduced a new pet into your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe your method. \_\_\_\_\_

Do you have a separate room that your foster can stay in if needed for a few days of the fostering process so that he/she can become acclimated to your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to provide food and if fostering a cat or kitten, cat litter on an ongoing basis during the fostering period? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in fostering a dog, puppy, cat or a kitten? \_\_\_\_\_

Which types of dogs are you interested in fostering if any? Please check all that apply:

Senior (male) \_\_\_\_ Senior (female) \_\_\_\_ Puppy (male) \_\_\_\_ Puppy (female) \_\_\_\_  
Adult (male) \_\_\_\_ Adult (female) \_\_\_\_ Pregnant \_\_\_\_

Please list and explain all other relevant experiences you've had caring for animals. (training, grooming, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**GAP PROVIDES ALL VET SERVICES AND IF NEEDED CAN PROVIDE PET FOOD AND TEMPORARY PLACEMENT FOR YOUR FOSTER PET WHILE ON VACATION. MORE DETAILED INFORMATION ON VOLUNTEERING AND FOSTERING IS AVAILABLE ON OUR WEBSITE: [www.trinitygaprescue.org](http://www.trinitygaprescue.org) Scroll down on right hand side of Home Page for Form entitled "Volunteer/Foster Responsibilities"**

**Steffenie Vela, Trinity GAP President, 817-689-4740 [steffeniegaprescue@gmail.com](mailto:steffeniegaprescue@gmail.com)**

**Office Use Only**

Vet reference – Date contacted: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal reference – Date contacted: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved Denied

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Trinity G.A.P. Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_