



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:

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 interested in fostering a dog or puppy? Dog _____ Puppy _____

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.)

*******IF YOU NEED ANY ASSISTANCE WITH YOUR FOSTER PET, PLEASE CONTACT**

STEFFENIE VELA AT 817-689-4740 or email 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: _____
