



Jameson Animal Rescue Ranch Foster Application

Date: _____

Name: _____ Occupation: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Foster type *(check all that apply)*

- Standard (up to six months)
- Extended (six months plus)
- Emergency (intake within 24 hours; foster up to 72 hours)
- FOSPICE/Medical/ Special Needs (ie. able to administer medications, manage health care and/or physical therapy, work on behavioral problems. Foster up to one year)
- Foster animal until it is adopted
- Foster Support**
- Walking dogs
- Transport to vet appointments, JARR weekly events and special events
- Deliver food or medication to Foster parents

Type(s) of animals you're interested in fostering *(check all that apply)*

DOG
<input type="checkbox"/> Healthy dog <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
<input type="checkbox"/> Dog with injury/illness
<input type="checkbox"/> Puppies with mother
<input type="checkbox"/> Orphaned puppies
<input type="checkbox"/> Dogs with behavior problems/ special needs

CAT
<input type="checkbox"/> Healthy cat
<input type="checkbox"/> Cat with injury/illness
<input type="checkbox"/> Kittens with mother
<input type="checkbox"/> Bottle-fed kittens
<input type="checkbox"/> Cats with behavior problems/ special needs

HORSE
<input type="checkbox"/> Healthy horse
<input type="checkbox"/> Horse with injury/illness
<input type="checkbox"/> Foal/ filly with mother
<input type="checkbox"/> Foal/ filly without mother
<input type="checkbox"/> Horse with behavior problems/ special needs

FARM ANIMAL
<input type="checkbox"/> Healthy animal <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Pig <input type="checkbox"/> Other _____
<input type="checkbox"/> Animal with injury/illness
<input type="checkbox"/> Baby with mother
<input type="checkbox"/> Baby without mother
<input type="checkbox"/> Animal with behavior problems/ special needs

Number of hours per day you can be with animal:

Weekday (days): 2 to 4 4 to 6 6 to 8 8 or more
 Weekday (evenings): 2 to 4 4 to 6 6 to 8 8 or more
 Weekend (days): 2 to 4 4 to 6 6 to 8 8 or more
 Weekend (evenings): 2 to 4 4 to 6 6 to 8 8 or more

Do you have previous foster experience?

- Yes
 No

Do you have experience giving medication to animals?

- Yes
 No

Do you have experience working on behavioral problems?

- Yes
 No

Do you have experience with housebreaking/ leash training/ other?

- Yes
 No

How frequently will someone be available to take dogs outside for urination/ defecation, exercise, etc.? _____

Where will the dog be when you are not at home? _____

Where will the dog sleep at night? _____

How will the dog be integrated into family activities? _____

Do you have plans to be out of town for business or vacation within the next six months?

- Yes No

Please give actual or estimated dates: _____

Will you need to permanently return the animal at that time? Yes No

Do you plan to resume fostering if a substitute can be found while you are away?

- Yes No

Do you have access to a vehicle at all times? Yes No

Can you bring the animal in for daytime appointments: Weekdays Weekends

Do you have children living at home full or part-time? (Check all that apply)

- Infant/Toddler 7 to 9 years 13 to 15 years
 4 to 6 years 10 to 12 years 15 to 17 years

Type of residence:

- Owner
- Renter
- Living w/family/friends
- House
- Condo/Townhouse
- Apartment
- Fenced yard
- Fence Height _____
- Yard not fenced

Renters: Do you have permission from your property owner to have an animal?

(Written permission is required.)

- Yes No Yes, with restrictions: Type Size Number

List restriction terms: _____

Renters/Homeowners: Do you have liability insurance? Yes No

Do you have a separate room available for your foster animal?

- No Yes: Interior room Garage Enclosed balcony Other

Can you provide the following? (Check all that apply)

- Food Medication costs Vet costs Small carrier
- Kennel Leash Large Carrier Collar

Do you or anyone in your home have allergies to pets? Yes No

If yes, how will the allergy exposure be managed? (Controlled with medication; separate rooms, etc.)

Will the household allergies impact the integration of the pet within the household?

- No Yes: Dog Cat Both Other _____

Have you had any pets in the past 5 years that you no longer own?

Please list animal and describe circumstances:

Please list any pets in your household:

Animal/Breed	Age	Sex	Spay/Neuter	Comments
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	

If you have any animals in your home, please explain the pack dynamic:

References:

Veterinarian Name:	Phone Number:

Personal Reference – (non-family) Name:	Phone Number:

Signature: _____ Date: _____

JARR authorization _____ Date: _____

**Please return Foster Application to
Phoebe Harper, phoebe@jamesonrescueranch.org or mail to**

1224 Adams, Suite C, Street St Helena, CA 94574

Questions: Phoebe Harper, 707.501.0016

Do not write below this line

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Monica and David Stevens, Founders

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