

### Foster Application

Effingham Animal Rescue Sanctuary (aka EARS)  
 PO Box 1737 • Effingham IL 62401  
 217-500-0231 • [ears2urescue@gmail.com](mailto:ears2urescue@gmail.com)

Full Name of applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home & cell Phone #'s \_\_\_\_\_ Best time to call \_\_\_\_\_

E-Mail address \_\_\_\_\_

I am willing to foster the following any of the following:

<input type="checkbox"/> Adult Dog	<input type="checkbox"/> Adult Cat
<input type="checkbox"/> Pregnant Dog/Dog with Puppies	<input type="checkbox"/> Pregnant Cat/Cat with Kittens
<input type="checkbox"/> Orphaned Dog/Puppies	<input type="checkbox"/> Orphaned Cat/Kittens
<input type="checkbox"/> Sick Dog/Puppy	<input type="checkbox"/> Sick Cat/Kittens
<input type="checkbox"/> Abused Dog/Puppies	<input type="checkbox"/> Abused Cat/Kittens
<input type="checkbox"/> Senior Dog	<input type="checkbox"/> Senior Cat

Do you have a weight restriction?  Yes  No

Unacceptable behaviors: \_\_\_\_\_

Are you opposed to crate training?  Yes  No

Have you ever had to rehome a pet and if so, what were the circumstances and solution?

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

List any pets you currently have.						
Name	Type/Breed	Age	Length of time owned	Sex M or F	Spayed/Neutered Yes or No	Stays Indoors/Outdoors

Exercise methods: \_\_\_\_\_

Behavior correction methods \_\_\_\_\_

Please include your veterinarian's name \_\_\_\_\_ phone \_\_\_\_\_  
 address \_\_\_\_\_

Do you use heartworm preventative on your pets?  Yes  No  No current pets.

Do you own or rent your home?  Own  Rent

Please provide Landlord/Apartment contact information for verification. \_\_\_\_\_

\_\_\_\_\_  
Where will the foster live?

<input type="checkbox"/> Indoors only	<input type="checkbox"/> Indoors/Outdoors	<input type="checkbox"/> Outdoors only
Other (please explain)		

Time you are away from home:  Home all day  Out part-time  Away 8+ hours a day

When nobody is home, where will your foster stay?		
<input type="checkbox"/> In a fenced yard	<input type="checkbox"/> Crate	<input type="checkbox"/> Garage
<input type="checkbox"/> In the house confined to an area		<input type="checkbox"/> In the house not confined to an area
<input type="checkbox"/> In the house with a pet door	<input type="checkbox"/> In an outdoor run/pen	<input type="checkbox"/> Chained or cabled outside
Other (please explain)		

If you have a fenced-in yard, what kind (wood, chain link) and height \_\_\_\_\_

When a dog needs to go outside to go to the bathroom, where will the foster go?		
<input type="checkbox"/> Fenced yard	<input type="checkbox"/> Unfenced yard—no restraint	<input type="checkbox"/> Walked on a leash
<input type="checkbox"/> Use a pet door	<input type="checkbox"/> In an outdoor run/pen	<input type="checkbox"/> Chained or cabled outside
Other (please explain)		

Where will the foster sleep? \_\_\_\_\_

Do you have children /grandchildren at your home (or expecting)? Yes No

What is the age range? \_\_\_\_\_

Do the members of your household know you are getting a new foster and do they all approve? \_\_\_\_\_

Are there any pet allergies in your family? Yes No

Have you ever fostered animals before (this applies to any organization)? Yes No

Are you willing to allow EARS to visit the animal(s) at your home? Yes No

Digital pictures for the website are needed. Can you text photos? Yes No

Are you willing to abide by all animal control laws with regard to your foster animals? Yes No

Frequently, we try to have animals adopted directly from a foster home. Can a prospective adopter call you regarding your foster animal? Yes No Can they visit your home to see the animal? Yes No

Please provide three references, listing their name and telephone number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Foster Applicant Signature \_\_\_\_\_