



300 Old Route 10  
 Enfield, NH 03748  
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## FOSTER CARE VOLUNTEER APPLICATION

<b>APPLICANT NAME:</b>	
<b>ADDRESS:</b> (Mailing and Physical)	
<b>HOME PHONE:</b>	<b>CELL / ALTERNATE PHONE:</b>
<b>EMAIL ADDRESS:</b>	
<b>DO YOU OWN OR RENT YOUR HOME?</b>	<b>ARE YOU OVER THE AGE OF 21?</b>
On average how many hours will your foster animals be alone during a routine work day?	
<b>DO YOU HAVE ANY PREVIOUS RELATIONSHIP WITH UVHS? (Please circle all that apply)</b>	
<b>NO</b>  <b>YES: Adopter</b> When? _____ Animal Name? _____  <b>Past Employee</b> When? _____  <b>Volunteer</b> When? _____  <b>Attended Training Class or Seminar</b> When? _____	
<b>PLEASE LIST THE FULL NAMES OF ALL ADULTS IN YOUR HOUSEHOLD:</b>	
<b>PLEASE LIST THE NAMES AND AGES OF ALL CHILDREN IN YOUR HOUSEHOLD:</b>	
<b>DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES and/or ASTHMA TRIGGERED BY ANIMALS OR THEIR CARE PRODUCTS SUCH AS HAY OR PEANUT BUTTER?:</b> (Please list and detail)	
<b>DESCRIBE YOUR PRIOR EXPERIENCE WITH ANIMALS?</b> (Include general experience as well as fostering, whelping, training, etc.)	

**PLEASE TELL US ABOUT ANY PETS YOU CURRENTLY OWN OR CARE FOR:** (Attach an additional sheet if necessary)

<b>Name:</b>			
<b>Breed/Species:</b>			
<b>Gender: Spay/Neutered?</b>			
<b>Age:</b>			

**Are all your pets up to date with all necessary vaccines and treatments?** (If not, please explain)

**How would you best describe your pet's initial reaction to meeting new animals? Please describe your pet's response to being around other animals they are familiar with?**

**DO YOU HAVE A ROOM OR SEPARATE AREA IN YOUR HOME WHERE YOU CAN SEPARATE FOSTER ANIMALS?**

**WHAT FOSTERING CIRCUMSTANCES ARE YOU WILLING TO DO?** (Circle all that apply)

Pets Needing Medical Care:	Dogs	Cats	Rabbits	Small Animals	Livestock
Mother with Litter:	Dogs	Cats	Rabbits	Small Animals	Livestock
Infants Needing Bottle-Feeding:	Dogs	Cats	Rabbits	Small Animals	Livestock
Orphaned Infants (eating on own):	Dogs	Cats	Rabbits	Small Animals	Livestock
Respite Care After Surgery/On Medications:	Dogs	Cats	Rabbits	Small Animals	Livestock
Behavior & Training Care:	Dogs	Cats	Rabbits	Small Animals	Livestock
Socialization for Shy Animals:	Dogs	Cats	Rabbits	Small Animals	Livestock

Other: \_\_\_\_\_

**HOME VISIT:**  
State law requires UVHS perform a home visit **before** foster is approved. What are the best days/times to schedule a visit to your home?  
\_\_\_\_\_  
**Date visit done:** \_\_\_\_\_ **Conducted by:** \_\_\_\_\_  
**Notes:**

**PLEASE READ AND SIGN:**  
By signing below, I understand that filling out this application does not guarantee placement in the foster care volunteer program. If I choose to adopt an animal in my care, I will contact UVHS and go through the adoption process. I will return any animal UVHS requests be returned within 24 hours of the request.  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_