



West Jersey Volunteers for Animals – Foster Questionnaire

www.wjva.org 856-728-3004 Email: wjvolunteers@yahoo.com

Today's Date: _____ Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Are you at least 18 yrs. Old? Y N

Phone 1: _____ Phone2: _____

What types of animals would you foster? Dog Have you ever fostered before? Y N

Which gender pet do you prefer? Male Female Either Size preference for dog: Sm Med Lrg

Breed Preference: _____

Age preference? Puppy 3mon.-1 yr Adult Senior No preference

Children living at home: Y / N # Full time _____ # Part Time _____

If yes, children's ages: _____

Number of adults living in home and their ages: _____

How many hours will the dog be alone during the day?: _____

Do you presently have, or recently had other pets? Y N If yes, please list below:

Species	Breed	Name	Age/ Sex	Fixed	Declawed	Current Shots
				Y N	Y N	Y N
				Y N	Y N	Y N
				Y N	Y N	Y N

Do you own your home? Y N If renting, do you have your landlord's permission to have pets? Y N

Landlord's Name and Telephone#: _____

Do we have your permission to do a home/yard check? Y N

Do you have a fenced-in yard? Y N Is so, fence height? 4 ft. 6 ft. Other: _____ Type? _____

Which Veterinarian do you use/have you used? Name, Town and Phone Number

Do we have your permission to call your vet for a vet check? Y N

Please supply 1 personal references other than family members:

Name: _____ Tele#: _____ Relationship: _____

Please sign: _____