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:

<table>
<thead>
<tr>
<th>Species</th>
<th>Breed</th>
<th>Name</th>
<th>Age/ Sex</th>
<th>Fixed</th>
<th>Declawed</th>
<th>Current Shots</th>
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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: ____________________________________________________________________________