



Ramapo-Bergen Animal Refuge, Inc.

2 Shelter Lane, Oakland, NJ 07436 (201) 337-5180 Fax: (201) 337-2040
 Email: adoptlove@rbari.org Web: www.rbari.org

Volunteer Foster Form

PERSONAL INFORMATION			
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Place of employment:	Work Phone:		
Work Hrs:	Email:		

ABOUT YOU			
How many members in the household?	Adults:	Children:	Ages:
Number of dogs in home:	Sex:	Ages:	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your pets up to date on ALL vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Bordetella (kennel cough) vaccine recommended for dogs before fostering)</i>			
Have your current animals been exposed to other animals: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your experience with dogs, if any: Previous Foster Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Describe your experience with cats, if any: Previous Foster Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Would you be able to bring the foster animals into the shelter for general vet visits and/or medical treatments (<i>schedule permitting</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all members of your household comfortable with animals: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to isolate the foster animal from your other animals: <input type="checkbox"/> Yes <input type="checkbox"/> No Where would the animal be isolated:			
How did you hear about RBARI:			

ABLE TO FOSTER (<i>Please Check All That Apply</i>)			
Adult Dog		Adult Cat	
Nursing mom with puppies		Nursing mom with kittens	
Puppies to bottle feed		Kittens to bottle feed	
Weaned puppies		Weaned kittens	
Shy/Frightened to socialize		Recovering from illness/injury	
No Preference			

FOR DOG FOSTERING

Do you have any opposition to any specific breeds, if so please list:

Do you have any size requirements for the dog you would be willing to foster:

Would you be willing to assist in training the dog while in your foster care: Yes No

Where would the dog be living/sleep most of the time:

Do you have a fenced yard: Yes No If so, how high is the fence:

How many hours a day would the dog be home alone:

Would you be willing to housebreak a dog: Yes No
(Are you aware that most foster dogs will not be housebroken)

Would you be willing to crate train: : Yes No

FOR CAT FOSTERING

Where would the cats/kittens be kept:

How many hours a day would the cat/kitten be left home alone:

Are you willing to take in bottle feeding kittens: Yes No

Do you understand the time requirements for bottle feeding ? Yes No

Would you be available for longer term fosters (6 months or more): Yes No
(most fosters last from a few weeks to a few months)

Do you have secure screens on windows: Yes No

Would you be able to keep the foster cat/kitten as indoor **ONLY**? Yes No

By fostering, I accept temporary possession, title and responsibility for the foster animal and release The Ramapo Bergen Animal Refuge, Inc. from liability for any injury or damages to any person or property caused by said animals, and from any causes of action, claims, suits, or demands that may arise as a result of such injury or damages.

I acknowledge that the foster animal may not be vaccinated, wormed or tested for FIV or FeLV or spayed/neutered. I agree to abide by all the rules and regulations set forth by the R.B.A.R.I. staff and further outlined in the foster manual.

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Date of training _____ By _____ AAF Email

Comments: _____

