



Jameson Animal Rescue Ranch Foster Application

Name _____

Foster type (check all that apply)

- Standard (up to six months)
- Extended (six months plus)
- Emergency (intake within 24 hours; foster up to two weeks)
- Medical/ Special Needs (ie. able to administer medications, manage health care and/or physical therapy, work on behavioral problems. Foster up to one year)
- Foster animal until it is adopted

Foster Support

- Walking dogs
- Transport of animals to vet appointments
- Transport of animals to JARR on-going and special events
- Picking up food or medical supplies and delivering to Foster homes

Type(s) of animals you're interested in fostering *(check all that apply)*

DOG
<input type="checkbox"/> Healthy dog <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
<input type="checkbox"/> Dog with injury/illness
<input type="checkbox"/> Puppies with mother
<input type="checkbox"/> Orphaned puppies
<input type="checkbox"/> Dogs with behavior problems/special needs

CAT
<input type="checkbox"/> Healthy cat
<input type="checkbox"/> Cat with injury/illness
<input type="checkbox"/> Kittens with mother
<input type="checkbox"/> Bottle-fed kittens
<input type="checkbox"/> Cats with behavior problems/special needs

HORSE
<input type="checkbox"/> Healthy horse
<input type="checkbox"/> Horse with injury/illness
<input type="checkbox"/> Foal/filly with mother
<input type="checkbox"/> Foal/filly without mother
<input type="checkbox"/> Horse with behavior problems/special needs

FARM ANIMAL
<input type="checkbox"/> Healthy animal <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Pig <input type="checkbox"/> Other _____
<input type="checkbox"/> Animal with injury/illness
<input type="checkbox"/> Baby with mother
<input type="checkbox"/> Baby without mother
<input type="checkbox"/> Animal with behavior problems/special needs

Number of hours per day you can be with animal:

Weekday (days): 2 to 4 4 to 6 6 to 8 8 or more

Weekday (evenings): 2 to 4 4 to 6 6 to 8 8 or more

Weekend (days): 2 to 4 4 to 6 6 to 8 8 or more

Weekend (evenings): 2 to 4 4 to 6 6 to 8 8 or more

Do you have previous foster experience?

- Yes
- No

Do you have experience giving medication to animals?

- Yes
- No

Do you have experience working on behavioral problems?

- Yes
- No

Do you have experience with housebreaking/leash training/other?

- Yes
- No

How frequently will someone be available to take dogs outside for urination/ defecation, exercise, etc.? _____

Where will the dog be when you are not at home? _____

Where will the dog sleep at night? _____

How will the dog be integrated into family activities? _____

Do you have plans to be out of town for business or vacation within the next six months?

- Yes No

Please give actual or estimated dates: _____

Will you need to permanently return the animal at that time? Yes No

Do you plan to resume fostering if a substitute can be found while you are away?

- Yes No

Do you have access to a vehicle at all times? Yes No

Can you bring the animal in for daytime appointments: Weekdays
 Weekends

Do you have children living at home full or part-time? (Check all that apply)

- Infant/Toddler
- 4 to 6 years
- 7 to 9 years
- 10 to 12 years
- 13 to 15 years
- 15 to 17 years

Type of residence:

- | | | |
|---|---|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> House | <input type="checkbox"/> Fenced yard |
| <input type="checkbox"/> Renter | <input type="checkbox"/> Condo/Townhome | Height _____ |
| <input type="checkbox"/> Living w/ family/friends | <input type="checkbox"/> Apartment | <input type="checkbox"/> Yard not fenced |

Renters: Do you have permission from your property owner to have an animal?

(Written permission is required.)

- Yes No Yes, with restrictions: Type Size Number

List restriction terms: _____

Renters/Homeowners: Do you have liability insurance? Yes No

Do you have a separate room available for your foster animal?

- No Yes: Interior room Garage Enclosed balcony Other

Can you provide the following? *(Check all that apply)*

- Food
- Medication costs
- Vet costs
- Small carrier
- Kennel
- Leash
- Large Carrier
- Collar

Do you or anyone in your home have allergies to pets? Yes No

If yes, how will the allergy exposure be managed? (Controlled with medication; separate rooms, etc.)

Will the household allergies impact the integration of the pet within the household?

No Yes Dog Cat Both Other _____

Have you had any pets in the past 5 years that you no longer own?

Please list animal and describe circumstances:

Please list any pets in your household:

Animal/Breed	Age	Sex	Spay/Neuter	Comments
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	No <input type="checkbox"/> Yes <input type="checkbox"/>	

If you have any animals in your home, please explain the pack dynamic:

References:

Veterinarian Name:	Phone Number:
Personal Reference – (non-family) Name:	Phone Number:

Name (print) _____

Email address _____

Phone number _____

Address _____

Signature _____

JRR authorization _____

Date _____

Please return Foster Application to:
Monica Stevens, Monica@jamesonrescueranch.org or mail/drop-off to
JARR, c/o Monica Stevens at 1224 Adams St., Suite C, Saint Helena, CA 94574

Questions: Monica Stevens, 707.815.8153

Jameson Animal Rescue Ranch is a registered non profit 501(c)3 organization, # 47-1230166

Monica and David Stevens, Founders
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