

# Trinity GAP Rescue Foster Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which is to be used as contact info on adoption sites? Phone \_\_\_\_ email \_\_\_\_ both \_\_\_\_

Do you live in a \_\_\_\_ house \_\_\_\_ apartment \_\_\_\_ other, explain \_\_\_\_\_

Does your residence have a fenced yard: \_\_\_\_\_ Type of fence \_\_\_\_\_

Children in Household? \_\_\_\_\_ Ages: \_\_\_\_\_

Pets in the Home:

Species	Gender	Breed	Spayed/Neutered	Age	Lives Inside Or Outside

How long have you been a pet owner? \_\_\_\_\_

Veterinarian: Name, Address, Phone number \_\_\_\_\_

Personal reference (someone outside of your house): Name, address, phone number  
\_\_\_\_\_  
\_\_\_\_\_

What arrangements can be made for your foster animal(s) if you travel?  
\_\_\_\_\_

Have you ever surrendered an animal to a shelter? Yes \_\_\_\_ No \_\_\_\_

**If YES**, what were the circumstances? \_\_\_\_\_

How many hours will your foster be left alone during the day? \_\_\_\_\_

Are you willing and able to transport your foster? (eg. veterinary visits, delivery to new home)

Yes \_\_\_\_ No \_\_\_\_

If you have other animals, have you ever introduced a new pet into your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe your method. \_\_\_\_\_

Do you have a separate room that your foster can stay in if needed for a few days of the fostering process so that he/she can become acclimated to your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to provide food and if fostering? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in fostering a dog, puppy? \_\_\_\_\_

Which types of dogs are you interested in fostering if any? Please check all that apply:

Senior (male) \_\_\_ Senior (female) \_\_\_ Puppy (male) \_\_\_ Puppy (female) \_\_\_

Adult (male) \_\_\_ Adult (female) \_\_\_ Pregnant \_\_\_

Please list and explain all other relevant experiences you've had caring for animals. (training, grooming, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*IF YOU NEED ANY ASSISTANCE WITH YOUR FOSTER PET, PLEASE CONTACT PATRICIA WAKEFIELD AT 817-999-3666 or email [evgapfoster1@yahoo.com](mailto:evgapfoster1@yahoo.com) \*\*\*\*\***

**Office Use Only**

Vet reference – Date contacted: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal reference – Date contacted: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved

Denied

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Trinity G.A.P. Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_