

A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>
abdanimalrescueleague@gmail.com



Canine and Feline Foster Application

APPLICANT INFORMATION

Full Name _____ Date of Birth (mm/dd/yy): _____

Phone _____ Email _____

Address _____

City: _____ State: _____ Zip Code: _____

Workplace _____ Occupation _____

Mailing Title Preference: Mr. Mrs. Ms. No Mailing Preference

Residence: House Condo Mobile Home Apartment Townhouse

Do you: Rent Own Live with parents/ guardians

Landlord **name**/ Condo Association/ Guardian: _____

Landlord / Condo Association/ Guardian **phone**: _____

Landlord **email**/ Condo Association/ Guardian: _____

Pet policy: Yes No I don't know

Breed restrictions: Yes _____

No

Weight limit: Yes _____ lbs No Pets limit: Yes # _____ No Pet deposit fee: Yes No

Do you own a crate: Yes No

Family Name(s) and Contact Information: (other people in the home above the age of 18)

If there are young children in the home, please circle their age ranges:

Baby/Toddlers Pre-teens Teenagers/Young Adult

Emergency Contact Name _____

Emergency Contact Phone Number _____

Do you currently have any other pets in the home?

If so, what type and how many?

Dogs ____ Cats ____ Other _____ Total _____

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HOUSEHOLD PET(S) HISTORY

Please provide the following information on ALL of the pets you currently have and have had over the last 5 years. If the number of animals exceeds the space available, please request an additional page.

Name: _____	Breed/Species: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed/Species: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed/Species: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed/Species: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

Name: _____	Breed/Species: _____	Age: _____
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primarily indoor	<input type="checkbox"/> Primarily outdoor
Where is the pet now? _____	Vet Office*: _____	
Vet Phone: _____	City: _____	Zip Code: _____
Account Name the animal is under: _____		

**ABD will contact the listed vet(s) so please inform them of our call and allow them to release pet(s) information to ABD*

What diet are you currently feeding your pets? Please include brand name, amount given and the frequency in which it's given _____

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Do you have any previous foster experience? If so, please list organization(s). List an organization reference below if possible.

Are there any other animal rescue organizations in which you are currently affiliated? If so, who? List an organization reference below if possible.

References (Only one may be a relative)

Name _____ Phone Number _____

Name _____ Phone Number _____

What experience or skills do you have? (Check all that are applicable)

- Dog Care
- Cat Care
- Pregnant or Nursing Dogs
- Pregnant or Nursing Cats
- Nursing Kitten(s) – No mother
- Nursing Puppy(ies) – No mother
- Young Dogs
- Young Cats
- Senior Dogs
- Senior Cats
- Veterinary Medicine
- Behavioral Exams/Training
- Other _____

Any extra information that you'd like us to know about your skills and experience?

If necessary, cages/kennels, food, and accessories will be provided to our fosters.

Please only mark items that you would need for us to provide for you. We understand your needs and the animals' needs are subject to change. Keep ABD in the loop and help will be provided.

Cage: Yes No

Accessories: Yes No

Food: Yes No

Do you have any physical restrictions, medical limitations or allergies that may affect your foster duties? Please list.

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What kind of fosters would you feel comfortable taking at this time?

- Intending to Foster to Adopt
 - Dog Care
 - Cat Care
 - Pregnant or Nursing Dogs
 - Pregnant or Nursing Cats
 - Nursing Kitten(s) – No mother
 - Nursing Puppy(ies) – No mother
 - Young Dogs
 - Young Cats
 - Senior Dogs
 - Senior Cats
 - Other _____
-
- I understand that if I become a foster, A Brighter Day Animal Rescue League reserves the right to move any of the animals within my care to another foster that might be a better fit or remove an animal from my care for any reason(s) that A Brighter Day sees fit.

Print Name _____ Date _____

Signature _____ Date _____