



Fostering for Super Heroes Application



426 Home Ave
Maryville, TN 37801

Name:
Address:
Home Phone:
Cell Phone:
Email:

Are you 18 years or older? YES/NO

YOUR HOME:

What type of home do you live in currently?

Apartment/Condo Single Family home Other. Please explain: _____

If renting, please provide name and phone number of landlord: _____

Do you have a yard? YES/NO

Is your yard fenced? YES/NO

Please circle all that apply to describing your fence:

Wood Chain link 4 FT 6FT
Partially enclosed Completely enclosed Secure No Fence

How many persons 21 or older are in your home? _____

Please list, name and age of ALL adults in the home:

Name:

Age:

How many persons under 21 years old are in your home? _____

Name:

Age:

Does anyone in the household have special needs? YES/NO

If yes, please describe any accommodations required _____

Has anyone in your household ever been charged or convicted of Animal Cruelty/Neglect? YES/NO

If yes, please explain: _____

Do you have regular human visitors to the home? YES/NO

Do you have regular animal visitors to the home? YES/NO

We require a vet reference if you have pets in your household.

Pets are required to be current on all vaccinations and de-sexed.

Please list the name and number of your vet:

When was the last time you visited your vet's office, and why? _____

Please list all animals in your household. If more space is needed, please use a blank piece of paper.

Name:	Breed:
Sex:	Age:
De-sexed? YES/NO	Temperament:
Name:	Breed:
Sex:	Age:
De-sexed? YES/NO	Temperament:
Name:	Breed:
Sex:	Age:
De-sexed? YES/NO	Temperament:
Name:	Breed:
Sex:	Age:
De-sexed? YES/NO	Temperament:
Name:	Breed:
Sex:	Age:
De-sexed? YES/NO	Temperament:

Have you ever fostered before, and if so, with whom? YES/NO

If you have dogs, are they used to/ good with other/new dogs? YES/NO

If you have dogs, are they used to/ good with cats? YES/NO

If you have cats, are they used to/ good with other/new cats? YES/NO

If you have cats, are they used to/ good with dogs? YES/NO

Do you own other types of pets, such as hamsters, guinea pigs, ferrets, rabbits, snakes or lizards?
YES/NO

If yes, please list

Name:	Breed:
Sex:	Age:
Size:	Temperament:
Name:	Breed:
Sex:	Age:
Size:	Temperament:
Name:	Breed:
Sex:	Age:
Size:	Temperament:
Name:	Breed:
Sex:	Age:
Size:	Temperament:
Name:	Breed:
Sex:	Age:
Size:	Temperament:

If a reptile, how is it kept and how is it fed? _____

Have you ever had to re-home a pet? YES/ NO

If yes, please explain the circumstances. Why was the pet given up and where did the pet go?

How much time will the animal be spending alone per day? _____

Where will the animal be when alone? _____

Where will the animal sleep at night? _____

Where will the animal be when someone is home? _____

Who will be the primary care giver? _____

Tell us, what experience do you have with domesticated pets? Please circle all that apply.

- | | |
|--|---|
| Never had a pet | Had a childhood pet |
| Had one or more as an adult | Have experience with powerful breeds |
| Have experience with on-going medical issues with a personal pet | Have experience working a boarding kennel/resort/ pet sitting service |
| Have experience working with behavioral problems with a personal pet | Have experience working in a veterinary hospital |
| I am a professional trainer | I have previous foster/rescue experience |
- Tell us about any experience you feel will aid you in fostering.

What situations do you feel unprepared for? Please circle all that apply.

- | | | | | |
|--------------------------------|---|-----------------------------|--------------------------|----------------------------------|
| Excessive barking | Destructive chewing | Not housetrained | Digging | Escaping |
| Resource (Food/Toy) aggression | Shy, fearful, or under-socialized dogs/cats | Not good with children | Not good with dogs | Not good with small animals/cats |
| Scratching/biting | Administering Medications | Providing on-going training | Very high activity level | Deaf/ Blind |
| Parvo | FIV | FeLV | FIP | Separation Anxiety |

Are you willing to receive more training in areas you are less comfortable? YES/NO

Please circle the types of animals you are interested in fostering:

DOGS

CATS

OTHER

Please circle all categories of foster pets you would be interested in:

Dogs:	Large (45+ lbs)	Medium (25-45 lbs)	Small (5-25 lbs)
	Adult	Puppy (Weaned)	Illness/Injury recovery
	Senior	Long Term Hospice	Puppy (Unweaned)
	Mother and Pups	Bully Breeds	Behavioral Issues
Cats:	Adult	Kitten (Weaned)	Illness/Injury recovery
	Senior	Long Term Hospice	Kitten (Unweaned)
	Mother and kittens	Feral Rehabilitation	Behavioral Issues

Thank you for your interest in being a Foster Volunteer with the Maryville/Alcoa Animal Rescue Center (MAARC). Your application will be reviewed and you will be contacted shortly. If your application is approved, you will be scheduled for a home inspection, followed by training. Part of your responsibility as a Foster will include marketing your foster animal for adoption through MAARC, providing excellent care through our training program, and transportation to vet appointments. Please keep in mind, that while in foster care, the animal still legally belongs to MAARC and approved vet care will be paid by MAARC. By signing below, you attest that the information you have provided on this application is accurate to your knowledge, that you understand MAARC's expectations of you as a Foster (if approved), and what support MAARC can offer you as a Foster.

Print _____

Signature: _____

Date: ____/____/____