MaxFund Animal Adoption Center
Foster Application

Dog Shelter: 1005 Galapago Street, Denver, CO 80204   Phone: 303-595-4917

Cat Shelter: 720 W. 10th Avenue, Denver, CO 80204   Phone: 720-266-6081

Thank you for your interest in the MaxFund Animal Adoption Center Foster Care Program.

==**FILLING OUT AN APPLICATION DOES NOT GUARANTEE YOU WILL BE APPROVED.**==

Our goal is for all our animals to find a loving, permanent home. Sometimes, an animal must be fostered before they can be cleared for adoption.

Please allow us 2-5 days to process your application. Whether you are approved or denied for this pet, you will receive a phone call! Please do not purchase anything until you are officially approved to foster this pet.

Please certify you understand the information below regarding our foster process:

_____ All timelines are subject to change due to the emergent nature of shelter work, and the wellbeing of the animals.

_____ Unacceptable or threatening behavior towards staff or volunteers will result in you being banned from MaxFund, and never being allowed to adopt or foster with us.

_____ MaxFund does NOT know the full medical and/or behavioral history of every pet and cannot anticipate any future medical expenses or how they will react in all situations.

_____ EVERY person AND dog in your household is required to meet with this dog prior to being approved. We cannot and will not approve your application until everyone has met. This is for the safety of your family.

_____ Certain pets REQUIRE multiple meet and greets before your application will be approved. Not only do we want YOU to feel comfortable bringing this pet into your family, but we also want the transition into your family as easygoing as possible.

_____ If you have a cat in your household, you do not need to bring them in. We will cat test them here. If the pet FAILS the cat test, you will not be allowed to foster the animal you chose.

_____ Family members are NOT acceptable references. Please use friends, co-workers, neighbors, etc.

_____ All pets in the household must be up to date on ALL vaccines and spayed/neutered to be approved for foster.

APPLICATION RECEIVED BY:
Employee: _____
Date: _____Time: _____
Animal's Name: _____
Applicant's Name: _____

HOPES AND EXPECTATIONS:

Are you interested in adopting your foster animal?   Yes   No   Unsure

Please mark the type of animal(s) you would consider fostering.

DOGS   Small / Medium / Large   CATS

Which type of foster are you interested in being? Please mark all that apply:

PUPPY/KITTEN FOSTER:

☐ **PREGNANT DOG/CAT:** These animals are pregnant and are expected to give birth soon.

☐ **NURSING MOM WITH PUPPIES:** Mom and newborn to 8-week-old puppies/kittens.

☐ **ORPHANED PUPPIES/KITTENS:** The animals have no mother and require bottle-feeding.

Puppy/kitten fosters are required to have a warm, dry, and well-ventilated room separated from all animals. Are you able to provide this?   Yes   No

ADULT DOGS/CATS:

☐ **BEHAVIORAL:** These fosters work directly with the behavior team and will follow a behavioral plan. Please mark any you are interested in:

- o Fearful
- o Depressed
- o Unsocialized
- o Have varying degrees of reactivity to dogs, people, vehicles, etc.

☐ **MEDICAL:** The duration for these fosters vary. Please mark any you are interested in:

- o Skin Issues
- o Heartworm +
- o Health recovery
- o Mobility Issues (may have a wheelchair)
- o Diabetes
- o Orthopedic Surgical Recovery
- o Hospice/End of Life Care
- o Other: _____

Are you able to give injectable forms of medicine to animals?   Yes   No   Willing to Learn

Are you able to give subcutaneous fluids to animals?   Yes   No   Willing to Learn

Please explain any medical experience: _____

Have you ever had a dog with parvovirus, or a cat with panleukopenia?   Yes   No

Do you have reliable transportation to bring your foster to ALL of their appointments?   Yes   No

Are you able to provide isolation from other pets for the foster animal, if needed?   Yes   No

Are you able to bring the pet to adoption events?   Yes   No

Are you able to host and perform a meet and greet with potential adopters?   Yes   No

FOSTER PROFILE:

Name: _____

Address: _____

City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Housing Type: _____ House _____ Townhouse _____ Apartment _____ Mobile Home

I (please circle): Own my home   Rent my home

Landlord's Name / Complex Name: _____

LL's Phone #: _____ Length of Time at this address: _____

Has the landlord listed above given permission for foster animals?   Yes   No

Are you willing to have a MaxFund representative visit your home?   Yes   No

For dog fosters, is your property completely fenced?   Yes   No

How many adults live in your home? (Please list their names and ages.) _____

_____

Do any children live in your household?   Yes   No   If yes, list their ages: _____

During the day, how long will the pet be left without human companionship? _____

PET HISTORY (present) *Please list all current animals in your household.*

Pet's Name: _____	Pet's Name: _____
Species: _____ Age: _____	Species: _____ Age: _____
Sex: _____ Spayed/Neutered: **Y N**	Sex: _____ Spayed/Neutered: **Y N**
Kept?: **INDOORS OUTDOORS BOTH**	Kept?: **INDOORS OUTDOORS BOTH**
How long have you had this animal?: _____	How long have you had this animal?: _____
Current on vaccinations? **YES NO**	Current on vaccinations? **YES NO**

PET HISTORY (past): *Please list your two, most recent, previously owned pets.*

Pet's Name: _____

Species: _____ Age: _____

Kept?: **INDOORS   OUTDOORS   BOTH**

How long did you have this animal?: _____

What happened?: _____

Pet's Name: _____

Species: _____ Age: _____

Kept?: **INDOORS   OUTDOORS   BOTH**

How long did you have this animal?: _____

What happened?: _____

MEDICAL RECORDS RELEASE:

I hereby give permission to the veterinary practices below to release all medical records of all animals I have to the MaxFund Animal Adoption Center.

Name of Veterinary Hospital: _____

Phone Number: _____   Pets Being seen Here: _____

PERSONAL REFERENCES:

Please list the names and contact information for 3 references <mark>who routinely see you with your pets, do not live in your home and are not related to you</mark> (i.e., neighbors, friends, pet sitters, etc.).

Name: _____

Cell phone #: _____   Relationship to you: _____

Name: _____

Cell phone #: _____   Relationship to you: _____

Name: _____

Cell phone #: _____   Relationship to you: _____

Applicant's signature_____   Date_____

Please submit your completed application in person at MaxFund, *or* via email to fostering@maxfund.org.

Thank you for reaching out to MaxFund and for caring about our shelter pets! ❤️