



## Foster Parent Application

Thank you for your interest in becoming an Every Creature Counts Foster Parent! Foster parents play a vital role within our organization. Without your support, we would not be able to assist nearly as many animals in need of help as we do. On behalf of our furry friends, we thank you!

Please complete the Foster Parent Application below. Please be sure to select the foster group/s that you are willing to work with. After submitting your application, you will be contacted by a member of the Every Creature Counts staff. Please be aware that we may schedule a home visit prior to approval of your application.

Thank you again for your interest in Every Creature Counts and we look forward to working with you!

Name:

Date:

Address:

City/Zip:

Phone (circle one: home/work/cell):

Email address:

Emergency Contact:

Relationship:

Phone (circle one: home/work/cell):

### What foster group/s would you like to work with?

Medical Foster

PetsMart Foster

Socialization Foster

Kitten Foster

**Do you have previous experience fostering?** Yes No

*If so, please tell us a bit about your experience/s.*

*If not, please let us know why you would like to foster.*

**Do you currently have any animals in your home?** Yes No

*If so, please indicate the following for **EACH** animal in your home:*

1. Type (breed/age/sex)

2. Spayed/neutered

3. Current on vaccinations

4. Behavior problems or chronic illnesses

*If not, have you have any pets in the past?* Yes No

Every Creature Counts ~ PO Box 358 ~ Byers, CO ~ 80103  
303/546-2704

*We who reach to help another creature, hold the heart of humanity in our hands.*

*If you've had pets in the past, please describe your experience/s and indicate what happened to each pet. If not, please let us know why you would like to work with animals now.*

**Do you have any children?** Yes No  
*If so, please indicate the age of each child.*

**Who, if anyone, will assist you in caring for the foster/s?**

**Please tell us about the area where the foster/s will be cared for.**

***Dog fosters***, please indicate the following:

Dog door? Yes No

Fenced yard? Yes No

*If yes, please indicate height of fence:*

*If no, please indicate how/where dog will be exercised (may not be applicable to Medical Fosters):*

**How many hours per day will the foster/s be left alone each day?**

**If medical attention is required, will you be able to transport the foster/s to the ECC Clinic for scheduled appointments?**

**Are you willing to provide your own transportation to pick up the foster/s at the start of the foster period and to return the foster/s to ECC at the end of the foster period?**

**Are you willing to follow directions provided by ECC staff and veterinarians regarding care of foster/s, especially Kitten and Medical Fosters?**

**ECC recommends a diet of canned and dry food for all animals in our care. Some animals, particularly Kitten and Medical Fosters, may require a more specialized diet. Are you able to accommodate these recommendations?**

**Do you have any questions or concerns regarding fostering that you would like to discuss with ECC?**

**Thank you for completing the ECC Foster Application!**

**Please forward your application to:**

**[foster@everycreaturecounts.org](mailto:foster@everycreaturecounts.org)**

**We look forward to working with you!**

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