



**Contact Information:**

BLUE RIVER PET RESCUE

Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Household Information:**

What type of home do you live in?  House  Duplex  Condo/Townhouse  
 Farm/Acreage  Apartment  Mobile Home

Do you have a yard?  Yes  No

If yes, is yard fenced?  Yes  No If yes, how high? \_\_\_\_\_

Do you have a crate available for your animal?  Yes  No

Are you familiar with crate size requirements?  Yes  No

Do you rent or own your home?  Own  Rent

If you rent, what is the pet policy? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

What are their ages? \_\_\_\_\_

How many hours a day will your foster animal be alone? \_\_\_\_\_

Does anyone in your home have pet allergies?  Yes  No

If yes, are these allergies controlled?  Yes  No

Does anyone in your home have limitations that would inhibit caring for a larger animal?  Yes  No

Are all family members open to Foster Care?  Yes  No

**Animal Experience**

Current Pets:

Type of Animal	Breed	Age	Male or Female?	Spayed or Neutered?	Are shots current?	Is animal licensed?

Are you current pets tolerant of other animals? \_\_\_\_\_

If you have additional experience with animals, please explain: \_\_\_\_\_

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

Animals you would be interested in fostering:

- |                                    |                                      |                                      |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitten    | <input type="checkbox"/> Adult Cat   | <input type="checkbox"/> Elderly Cat |
| <input type="checkbox"/> Puppy     | <input type="checkbox"/> Small Dog   | <input type="checkbox"/> Medium Dog  |
| <input type="checkbox"/> Large Dog | <input type="checkbox"/> Elderly Dog |                                      |

Special care needs you would be open to:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pregnant          | <input type="checkbox"/> Litters of kittens/puppies | <input type="checkbox"/> Recently Spayed/Neutered |
| <input type="checkbox"/> Temporary Illness | <input type="checkbox"/> Permanent Illness          | <input type="checkbox"/> Medication Needs         |
| <input type="checkbox"/> Delays            | <input type="checkbox"/> Disability                 | <input type="checkbox"/> Behavioral Issues        |

Do you have a regular Veterinarian?  Yes  No

Veterinarian Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Foster Provider Commitments:**

- I commit to providing daily care, feeding and any necessary medications to any foster animals in my care.
- I will provide foster animals with daily exercise, and training when needed.
- I will socialize with my foster animal, and provide them with lots of love and attention.
- I will provide transportation to veterinary appointments and visits with potential adoptive families.
- I commit to attending adoption and outreach events with my foster animals.
- I will attend training classes if necessary.
- I have a safe and secure space inside of my home for my foster animals that is free of chemicals and electrical hazards.
- I am financially able to care for the basic needs of my foster animals.
- I am 18 years of age or older.
- I commit to both a one-on-one meeting with members of Blue River Pet Rescue, and a home visit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Mail To:**

Blue River Pet Rescue  
1040 South Street  
Seward, NE 68434  
or email to [blueriverpetrescue@gmail.com](mailto:blueriverpetrescue@gmail.com)