



Animal Rescue League of Okemah FOSTER HOME Application & Requirements

ARLO, PO Box 214, Okemah OK, 74859
arlokemah@gmail.com

Date _____

Name of pet you are interested in fostering _____ Cat / Dog

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Driver's License # _____ St _____

Spouses Name _____

How long have you lived at your current address? _____

Do you live in a: HOUSE / DUPLEX / CONDO / APARTMENT / OTHER _____

Do you: OWN / RENT If rent, please provide the name and phone # of your landlord.

Landlord Name _____ Phone _____

Do you have a secure fenced yard? YES / NO

If no, would you be willing to build a secure fence or set-up a kennel? _____ Or allow us to help? _____

Do you have shade trees? YES / NO

What type of fence? PRIVACY / CHAIN LINK / OTHER _____ Height of fence? _____

How many people live in the household? _____ Any children under 18? _____

If yes, how many and their ages? _____ Ages: _____

Names of those living in the house OVER the age of 18: _____

Does anyone in the home have allergies to animals? YES / NO

Occupation _____ Current Employer _____

What is your work schedule? _____

Average hours per day pet will be alone? _____ hours

Where will pet stay while you are away from home? _____

Will pet be: STRICTLY INDOOR INDOOR/OUTDOOR STRICTLY OUTDOOR

Type of shelter provided for animal if/when outdoors: _____

Current Pets: Please list all current pets.

Name	Breed	M/F	Spayed/Neutered	Vaccinated	Kept In/Out	Heartworm Prevention?
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO
			YES / NO	YES / NO		YES / NO

Please list any previous pets and what happened to them:

Which veterinarian do you use regularly?

Name _____ Clinic Name _____

Address _____

City _____ St _____ Zip _____ Phone _____

Please provide two references, at least one not related to you.

1. Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Signature _____ **Date** _____

*Filling out this application does not mean you are automatically approved to foster a pet. You will be contacted.

Application APPROVED _____ Date _____

Application DENIED _____ Date _____ Reason _____

ARLO Member: _____

ARLO Foster Home Requirements

Please read and sign to the fact that you understand and agree to the terms of our foster care requirements.

- Have a fenced yard or be willing to work with us to create a secure/safe environment for the pet
- Own your home. Renters must provide written approval from landlord
- Current pets must be spayed/neutered. (If not, each situation will be discussed)
- All foster cats must be kept indoors
- Provide updates and pictures to promote the foster pet
- Be willing to attend adoption events from time to time to help promote your foster pet
- Be willing to take pet back if adopter wishes to return

***ARLO will furnish all medical care, food and a crate needed to care for your foster pet.*

****All foster pets are property of ARLO and the ARLO Board will have final determination in what is best for the foster pet and/or ARLO.**

We are committed to placing our foster care animals in a forever home or other rescue as soon as possible. Some are placed very quickly; however, there are cases that can take much longer. Foster homes must be committed to providing a temporary home until that pet is placed.

****Be patient and do NOT take a pet if not prepared to keep it until adopted.**

My signature indicates I have read the above requirements and agree to each of them.

Signature _____ Date _____

Printed Name _____