



OPIN, Inc.  
PO Box 488  
Riverside, CT 06878  
www.OpinPets.org

## OPIN SafePet Foster Volunteer Application

### Applicant Information:

**Name** \_\_\_\_\_ Are you over the age of 18? YES NO

**Address** \_\_\_\_\_

**Daytime Phone** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

### I have experience handling and caring for the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant Cat/Cat with Kittens                           | <input type="checkbox"/> Pregnant Dog/Dog with Puppies                |
| <input type="checkbox"/> Kittens   | <input type="checkbox"/> Puppies                                      |
| <input type="checkbox"/> Sick Cat/Kitten   | <input type="checkbox"/> Sick/Injured Dog/Puppy                       |
| <input type="checkbox"/> Adult Cat   | <input type="checkbox"/> Adult Dog                                    |
| <input type="checkbox"/> Rabbit  | <input type="checkbox"/> Pocket Pet (guinea pig, hamster, rats, mice) |
| <input type="checkbox"/> Caged Bird  | <input type="checkbox"/> Farm Animals (Please specify: _____)         |
| <input type="checkbox"/> Other (Reptiles, Ferrets, Chinchillas, Fish etc): _____ |   |

### I am willing to foster the following for SafePet: (Please check)

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant cat/Cat with Kittens                           | <input type="checkbox"/> Pregnant Dog/Dog with Puppies                |
| <input type="checkbox"/> Kittens   | <input type="checkbox"/> Puppies                                      |
| <input type="checkbox"/> Sick Cat/Kitten   | <input type="checkbox"/> Sick/Injured Dog/Puppy                       |
| <input type="checkbox"/> Adult Cat   | <input type="checkbox"/> Adult Dog                                    |
| <input type="checkbox"/> Rabbit  | <input type="checkbox"/> Pocket Pet (guinea pig, hamster, rats, mice) |
| <input type="checkbox"/> Caged Bird  | <input type="checkbox"/> Farm Animals (Please specify: _____)         |
| <input type="checkbox"/> Other (Reptiles, Ferrets, Chinchillas, Fish etc): _____ |   |

Size of Dog I would be able to handle comfortably:

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Any Size is Fine \_\_\_\_\_

**Why do you want to foster an animal?** \_\_\_\_\_

**Do you own or have you ever owned a pet?** YES NO

**How many animals and what types of animals do you currently have in your home?**

**Are the animals currently in your home spayed or neutered?** YES NO

**Are your animals currently up to date on vaccinations?** YES NO

**Please list your pets' vaccination types and expiration dates** for each: (Attach separate sheet if necessary) \_\_\_\_\_

**If your animals are not vaccinated, please explain:** \_\_\_\_\_

**Do you own or rent your home?** OWN RENT

**If you rent, what is your landlord's name and phone number?** (Please print clearly)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Do town laws or private association rules limit the type and/or number of pets that can live on your property?** YES NO

If yes, please explain how this may impact your ability to foster: \_\_\_\_\_

**Do you have an indoor room in which your foster animal(s) can be safely kept away from other animals in your home if necessary?** YES NO

**Do you have children at home?** YES NO If yes, what are their ages? \_\_\_\_\_

**Will you allow a representative of OPIN to visit you and your animal(s) at your home?** YES NO

**Who is your vet?** (Please print clearly. We may call this person as a reference.)

Name: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide two other references for us to contact:** (Please print clearly)

1. Name/Phone/E-mail: \_\_\_\_\_

2. Name/Phone/E-mail: \_\_\_\_\_

By signing below, I agree to the above statements and certify that the answers I have given are true:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**mail completed application to OPIN, Inc. at address at top  
or, email to: safepet@opinpets.org**