



Application Approved: Yes No
Date: _____

Notes: _____

Pawsitive Restorations Animal Rescue

FOSTER REFERENCE CHECK FORM

APPLICANT INFORMATION

Name Of Applicant: _____ Age: _____ Date: _____
Address: _____ Phone Number: _____
Google Search Of Home?: _____ Notes: _____
Email: _____ P.R.A.R. Representative Checking References: _____

Types Of Animals To Foster: _____

Interested In Helping Rescue With: _____

Date Application Was Received: _____ Date Confirmed With Applicant: _____

VETERINARY REFERENCE

Clinic Name: _____ Phone Number: _____ Spoke To: _____

Notes: _____

PERSONAL REFERENCES

Reference #1

Name: _____ Phone #: _____ Relationship: _____

Reached By Phone?: _____ Date: _____ Attempt 1: _____ Attempt 2: _____

Reached By Text?: _____ Date: _____ Attempt 1: _____ Attempt 2: _____

1. How many animals does the applicant currently have?:

2. Would the reference be comfortable with the applicant taking care of their animals?:

3. Has the reference seen the applicant interact with animals? What were the reference's impressions?:

4. Is the reference aware of any history of animal abuse, neglect, or surrender with the applicant?:

5. Does the reference believe that the applicant will provide a safe and healthy foster home for an animal?:

6. Any additional information?:

Reference #2

Name: _____ Phone #: _____ Relationship: _____

Reached By Phone?: _____ Date: _____ Attempt 1: _____ Attempt 2: _____

Reached By Text?: _____ Date: _____ Attempt 1: _____ Attempt 2: _____

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6. Any additional information?:

ADDITIONAL NOTES: