

**ANIMAL RESCUE MERRIMACK VALLEY
(ARMV)**
P.O Box 8006
Bradford, MA 01835

tel.: 978-374-SAFE (7233) web: www.armv.org
e-mail: adoptions@armv.org

Volunteer and/or Foster Application

**Section A
Applicant**

Name(s) of applicant(s) _____		Date _____
Street Address _____		Apartment _____
City _____	State _____	Zip Code _____
e-mail address _____	Day Phone _____	Evening Phone _____
Occupation _____	Are you over 18 years of age: yes no	
How did you hear about us _____		

**Section B
Experience**

Do you have prior experience in caring for animals? Yes; No		If yes, please give a brief description below.
What do you currently have for pets? _____		
What are the ages of your pets? _____		What breed are they? _____
Are your pets spayed/neutered? Yes; No		Are they up-to-date on vaccinations? Yes; No
Are any of your cats declawed? Yes; No		Do your cats go outdoors? Yes; No
What is your veterinarian's name? _____		Phone No: _____

Section C

References (Please provide 3 references not related to you who have known you at least 3 years and are over age 18.)

Name _____	Relationship _____
E-mail Address _____	
Day Phone _____	Evening Phone _____
Name _____	Relationship _____
E-mail Address _____	

Day Phone

Evening Phone

Name

Relationship

E-mail Address

Day Phone

Evening Phone

Section D
Volunteer Opportunies - please check all areas of interest

Trapping stray and feral cats/kittens

Feeding feral colonies

Transporting sick and injured animals to the veterinarian

Organizing and participating in fundraising events

Placing and collecting donation cans in area businesses

Answering phone line and recording messages

Assisting at adoption events (Thursday evenings, Saturdays and/or Sundays)

Providing animal care at our Danville, NH Sanctuary (feeding and cleaning)

Fostering cats/kittens in your home **(If you check this option, please fill out Section E- Fostering Information)**

Section E
Fostering Information – Please fill out this section only if you are interested in fostering

Do you have a separate area for fostering cats/kittens away from your pets? _____ Yes; No

How many hours a week do you work? _____ How many hours a day would the cats/kittens be alone? _____

If the cat/kittens become ill, will you be available to take them to our veterinarians? _____ Yes; No

Would you be able to bring the cat/kittens to our adoption events? _____ Yes; No

What would you like to foster? Cats Kittens Feral kittens Pregnant cat Sick/Injured/Hospice

Is everyone in your household excited and willing to help with fostering cats/kittens? _____ Yes; No

If you rent, do you have landlord permission to have additional animals in your home? Yes; No

Section F
Signature

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____