



FOSTER HOME APPLICATION AND CONTRACT

Name _____ Date _____

Address _____

City and State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

HOUSING

House _____ Townhouse/Duplex _____ Apartment _____ Mobile Home _____ Farm _____

Own _____ Rent _____ Landlord's Name and Phone Number _____

Do you have your landlord's permission to foster a pet? _____

Do you have a room or other area where you can quarantine your foster animal (or animals)? A two week quarantine is highly recommended to help minimize the spread of disease. _____

Provide the number of people living in your home. Adults _____ Children _____

Ages of Children _____ Does anyone have asthma/allergies to animals? _____

Does everyone in your home agree with fostering an animal? If not, explain _____

PETS

Please list your **CURRENT** pets.

Type	Breed	Age	Gender	Altered?	Where did you get the pet?	How long have you had the pet?
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Please list your **PREVIOUS** pets.

<u>Type</u>	<u>Breed</u>	<u>Age</u>	<u>Gender</u>	<u>Altered?</u>	<u>Where did you get the pet?</u>	<u>What happened to the pet?</u>
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Please provide the name and phone number of your veterinarian. It is very important that resident pets be current on vaccinations. _____

REFERENCES

Please provide the names, addresses and phone numbers of three references, two of which are not family members.

Why do you want to foster care? _____

What animals are you willing to foster?

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs	<input type="checkbox"/> Sick
<input type="checkbox"/> Pregnant Cats	<input type="checkbox"/> Pregnant Dogs	<input type="checkbox"/> Injured
<input type="checkbox"/> Cats w/ Kittens	<input type="checkbox"/> Dogs w/ Puppies	<input type="checkbox"/> Bottle Babies
<input type="checkbox"/> Kittens	<input type="checkbox"/> Puppies	<input type="checkbox"/> Senior

Are there any limitations to your ability to provide foster care? _____

Please read and initial each statement.

_____ I agree to provide my foster animal(s) with appropriate food, water, shelter, and care.

_____ I agree to provide food and litter/boxes for foster animals at my own expense. Formula will be provided for bottle babies.

_____ AWLFC is responsible for funding medical care for foster animals. I agree to get approval from one of the foster care coordinators or an AWLFC board member before taking the animal to the veterinarian. Exceptions to this will be made **ONLY** in the case of extreme emergency.

_____ I agree to promote the adoption of my foster animal(s) by bringing him/her to adoption events at the Frederick Town Mall and other locations and by making him/her available for photographs to be used on the Internet, for appearances on Petline 9 and other televised adoption programs, and any other related events.

_____ I understand that AWLFC does not have a shelter and cannot provide care for foster animals while foster caretakers are on vacation or business trips.

_____ Knowing that the AWLFC doesn't have a shelter I will make a commitment to keep and provide care for my foster animals until they are adopted.

_____ AWLFC will make an effort to assist the foster care provider with their foster animals in an emergency situation.

_____ I understand that all animals must be evaluated by the foster care coordinator or a designated representative of AWLFC before they are accepted into the foster care program.

_____ I understand that all foster animals will be adopted following AWLFC adoption policies, including an interview and filling out an adoption application and contract.

_____ *I understand that AWLFC often has no prior knowledge of the foster animal's temperament or pre-existing medical conditions and therefore will not be liable for property damage or harm to persons or animals caused by this animal while in the foster home's care.*

Signature of Foster Care Provider