

# FOSTER CARE:



*Changing lives ... Four paws at a time!*

## Foster Care Application

Primary Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-foster Parent Name (Spouse, Partner, Roommate): \_\_\_\_\_

Email: \_\_\_\_\_ Co-foster email: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (secondary): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a current or former AVHS Volunteer?:  Yes  No

If yes, what other programs do/did you participate? \_\_\_\_\_

How did you hear about the AVHS Foster Care Program? (Check all that apply):

- Website
- I am an AVHS volunteer
- I know an AVHS Foster Parent
- Event/AVHS booth
- General Word of Mouth
- Other: \_\_\_\_\_

### EXPERIENCE WITH ANIMALS

Describe the type of experience you've had with pets (i.e.: companion pet, 4-H, training classes, showing, vet tech/asst., trapping, breeding, fostering, etc.): \_\_\_\_\_

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Have you fostered before?  Yes  No

What type of animals/pets? (Please check all that apply):

- Dogs
- Cats
- Horses/Livestock
- Pocket Pets (hamsters, guinea pigs, gerbils)
- Other: \_\_\_\_\_

If you have fostered before, which organization(s) and what type of animal(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in fostering? (other than being an amazing, caring and compassionate individual 😊, why do you want to get involved in fostering?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check areas that you have experience. It's ok if you don't have any, we will train you 😊

**CATS:**

- Feral Cats
- Trap, Neuter, Return (TNR)
- Bottle Babies
- Nursing Mom with Kittens
- Litter Box Issues
- Shy/Socialization
- Hospice
- Other: \_\_\_\_\_

**DOGS:**

- Aggression
- Basic Obedience
- Bottle Babies
- Nursing Mom with Puppies
- House Soiling
- Shy/Fearful
- Hospice
- Other: \_\_\_\_\_

**YOUR HOUSEHOLD:**

List any other adults in your household and their relationship: \_\_\_\_\_  
\_\_\_\_\_

Are there children in the household:  Yes  No

If yes, what are the ages of children in the household: \_\_\_\_\_

Is everyone in the household agreeable to fostering a pet:  Yes  No

List any regular visitors that may come in contact with your foster pet. If they are under 18 years old, please indicate their age(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of residence do you live in:

- House                       Condo  
 Townhouse                 Apartment                 Other: \_\_\_\_\_

Detail any pet restrictions your place of residence may have (i.e. height, weight, number...):

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Do you own your home/residence:  Yes  No

If No, is the property owner aware/in approval of your intent to foster:  Yes  No

Please provide property owner contact information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any pets (or visiting pets) in your household now:  Yes  No

If yes, please describe: \_\_\_\_\_

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Are your pets up to date with their vaccinations and wellness care:  Yes  No

May we contact your veterinarian:  Yes  No

Veterinary Practice: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you willing to have an AVHS Employee or representative visit your home prior to fostering:  Yes  No

Do you have a vehicle or reliable access to a vehicle (for picking up supplies, vet visits, attending adoption events...):  Yes  No

**CARING FOR YOUR FOSTER PET:**

What type of foster pet are you interested in caring for: \_\_\_\_\_

\_\_\_\_\_

Are there types of foster pets you are unwilling/unable to foster: \_\_\_\_\_

\_\_\_\_\_

How many hours per day will your foster pet be left without adult care: \_\_\_\_\_

What would you do to find your foster pet if he/she became lost: \_\_\_\_\_

\_\_\_\_\_

The average foster animal may be in foster up to 4 months. Are you able to foster for this length of time: Yes No

If No, please provide more information as to your availability: \_\_\_\_\_

\_\_\_\_\_

**CATS (only):**

Can your foster cats be kept completely separate from your resident pets: Yes No

Where do you plan to keep your foster cat/kitten(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE DETAILS:**

Can you accept that some animals will not survive or be euthanized based on the AVHS Life Affirmation Policy? The decision to euthanize is up to authorized AVHS staff. Approximately 30% of all neonatal fosters will die of natural/unknown causes. Yes No

Do you understand that anyone interested in adopting your AVHS foster pet (including yourself) must go through the standard adoption process and approval of candidates and placement of animals is up to AVHS staff. Yes No

By signing below, I agree that I have answered the questions above truthfully and completely. I understand that although AVHS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animal's health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which AVHS has asked me to provide care. I indemnify and hold AVHS free and harmless from all liability out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household or any third parties by reason of activities arising out of this agreement.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date