

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.): _____

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...):

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: _____

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