

SWVAL Foster Application



BEFORE you fill out this application, please read the following points - they cover important information!

- Fostering a pet from our organization is not for everyone. We are committed to the safety of animals in our care and feel we need to know a few things about those we entrust as foster caregivers.
- We require our foster cats to be kept inside at all times.
- We require our foster dogs to be indoors or have ample outdoor space and weather appropriate shelter. We provide kennels, crates, houses, etc. that can be used for the duration of the foster.
- We require that any household pet that will be in contact with a foster pet be up-to-date on all vaccines.
- Please put N/A for all questions that do not apply.

SOUTHERN WV ANIMAL LEAGUE FOSTER APPLICATION

Applicant name(s): _____

Physical Address: _____

Mailing address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Employer: _____

1. Please select the animal type that you would agree to foster: ☐ Dog ☐ Cat ☐ Other: _____

2. What age, size, traits best suit you? _____

3. Have you ever fostered a pet from a rescue group or animal shelter before? ☐ Yes ☐ No

If yes, please provide the name(s) of the rescue(s). _____

4. Any children in the household? ☐ Yes ☐ No List ages: _____

5. Does any member of the family have any allergies to animals or products associated with the animal type you are applying to foster (for example: Cat, Dog, Rabbit, Litter, Hay)? ☐ No ☐ Yes If yes, please explain: _____

6. Who will be responsible for the animal's care? _____

7. What type of home do you live in? ☐ Apartment ☐ Condo ☐ Farm ☐ Mobile home ☐ Townhouse ☐ House

8. Do you own or rent your residence? ☐ Own ☐ Rent If you rent, what is name of landlord and phone number? _____

9. Where will the animal be kept? (Cats must be kept indoors.) ☐ Indoors only ☐ Outdoors only ☐ Both in/out

10. Describe their housing arrangements: _____

11. How many hours a day will the animal be unattended? _____

12. How will you socialize with your foster? _____

13. When no one is home, where will the animal be kept? _____

14. Do you have a fenced-in yard? ☐ Yes ☐ No

15. How far from the road/traffic is your home/farm located? _____

16. Is the volume of traffic ☐ light ☐ moderate ☐ heavy?

17. Describe the animals that are living in your household (dogs, cats, small animals).

Name	Breed	Age	Spay/Neutered?	Up to Date Vaccines? If no, explain

18. Do you have a current veterinarian, and if so, who? _____

19. Are you able/willing to provide transportation to the veterinarian for checkups, vaccinations, and medical care necessary? ☐ Yes ☐ No

20. Are you willing to let us visit you at home before or during the fostering? ☐ Yes ☐ No

Please read the following statements and initial those you agree with:

Southern WV Animal League will provide the following necessities for the fostered pet: vaccinations, parasite control (fleas, ticks, worms, etc.), veterinary care for annual exams, and/or after-hours medical emergencies or illnesses. In return, foster care givers agree to provide a loving home, proper food, socialization and shelter (indoor shelter is **required** for all cats and small animals). _____

Are you willing to commit yourself and your energies to this pet until it is adopted? ☐ Yes ☐ No

I affirm that all information herein is true. I realize this is a serious commitment and will strive to give this pet a happy and healthy home. I agree that if at any time, either before or after foster care begins, the pet's environment is found to be unsatisfactory or unacceptable in the opinion of the person responsible for home visitation, the pet can be removed from the home. If there are any problems with this pet, if I cannot keep it, or if it needs medical attention, it is agreed that the pet will be returned to SWVAL. It is further agreed that this pet will receive all scheduled vaccinations, treatments, spay/neuter, and/or emergency care at All Creatures Veterinary Clinic, Inc. I further agree that cats/kittens fostered will live indoors. I will hold SWVAL harmless for any physical, medical, or personal property damage/expenses resulting from this foster care agreement. _____

How did you hear about SWVAL? _____

Is there any other information that you wish to call to our attention? _____

By Signing/Submitting this document, I certify that:

- ✓ The information I have given is accurate
- ✓ I understand that SWVAL has the right to deny any application
- ✓ I give permission for SWVAL to call the references and veterinary practices I have listed

Signature: _____

Date: _____

SWVAL takes your privacy seriously. This form asks you to provide SWVAL with certain personal information. Such information is being requested and will be utilized only by SWVAL for the specific and limited purpose of future SWVAL correspondence regarding the subject-matter of this form.