

TODAYS DATE: \_\_\_\_\_

HOME CHECK DATE: \_\_\_\_\_

SHENANDOAH COUNTY ANIMAL SHELTER  
268 Landfill Road, Edinburg, VA 22824  
540-984-8955

## **FOSTER CARE APPLICATION**

Personal Information:

Name of potential foster: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Business phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***Please answer the following questions to the best of your ability so that we may place the proper foster pet with you. This section must be completed even though you may not be fostering at this time.***

Experience:

Have you ever fostered an animal? If so, what type of animal? When and for how long? \_\_\_\_\_

For which organization: \_\_\_\_\_

**ABOUT YOUR HOME:**

*The following information is required so we can verify that you are allowed pets.*

Do you \_\_\_ own or \_\_\_\_\_ rent where you live? Type of dwelling  
(check one): \_\_\_\_\_single family \_\_\_townhouse \_\_\_\_\_ apartment

If you rent, do you have the approval from your landlord to keep a pet?

\_\_\_\_\_

Your landlord's name and telephone: \_\_\_\_\_

Do you have a fenced yard? If so, what type of fence and how high?

\_\_\_\_\_

**FAMILY:**

Please list all those living in residence. (name, age, relation)

Name	Relation	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse's job require frequent out of town travel?

\_\_YES \_\_NO

Who will care for the animal if there is a family emergency? \_\_\_\_\_

Does anyone have animal allergies? \_\_\_YES \_\_\_\_\_NO

Are family members supportive of fostering? \_\_\_YES \_\_\_\_\_NO

Who will participate in caring for the foster pet other than yourself?

\_\_\_\_\_

**YOUR PETS:**

Please list any companion animals living in this household.

Name	Cat or Dog	Sex	Age	Spayed/Neutered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are they kept indoors or outdoors? \_\_\_\_\_

To your knowledge, are ALL your pets current on their yearly vaccinations?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**VETERINARY INFORMATION:**

Name of Current or last veterinarian/Animal hospital:

\_\_\_\_\_

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

May we have your permission to contact them? \_\_\_\_\_

**LIFESTYLE:**

Where will the pet be kept at night/sleep? \_\_\_\_\_

Where will the pet be kept when no one is at home? \_\_\_\_\_

Have you or anyone that will be in contact with the pet ever been convicted of animal cruelty, neglect or abandonment? \_\_\_\_\_

What type of pet are you looking to foster? \_\_\_\_\_

Please list gender/age preference: \_\_\_\_\_

Are you willing to foster a pet that may require ongoing medication?  YES  NO

Are you willing to foster a dog that may have housebreaking issues?  YES  NO

What kinds of solutions would you be willing to try if housebreaking accidents occur? \_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the pet be alone? \_\_\_\_\_

Do you have a crate?  YES  NO

Do you understand that often times the complete history of a pet may not be known and you may encounter some initial adjustment problems?  YES  NO

Will you be willing to work with us on solving those problems if they occur?  YES  NO, I would return the pet.

Do you have a time frame regarding how long you will be able to keep the pet until its adopted?  YES  NO

I understand that there is always an adjustment period for any foster pet. The average time a pet spends is three (3) weeks to three (3) months in foster homes. I am willing to work to make my foster pet(s) a member of my family. I understand that many of these pets have survived tremendous odds and will require additional training and lots of TLC.

I agree not to have a person outside of SCAS temporarily care for SCAS's animals unless the person first signs a Volunteer / Foster application.

I understand that SCAS reserves the right to check on the welfare of the pet on my premise at any time with out prior notice, and to reclaim possession without payment of any kind. In the event that I do not comply with the foster guidelines, SCAS may reclaim the foster pet from me for any reason.

I agree to contact SCAS concerning any and all problems associated with the foster pet in my care. If for any reason I can no longer foster the pet I will return the animal to SCAS.

I understand the fostering program of SCAS and I have decided to become to become a foster and agree to all SCAS's policies and procedures.

I have read and understand the above application and will comply with the terms fully.

\_\_\_\_\_  
Signature of prospective foster

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCAS employee

\_\_\_\_\_  
Date

This form needs to be completed by all individuals wishing to foster an animal from the Shenandoah County Animal Shelter. The completion of this form DOES NOT guarantees that an animal will be placed with you. To foster an animal, the responsible party must be at least 21 years of age. This is NOT an adoption agreement. If an animal is placed with you, it is understood at this time to be a temporary arrangement and ALL foster animals are still the property of Shenandoah County.