



The Animal Welfare League *of* Arlington

FOSTER CARE APPLICATION

The goal of the Foster Program of the Animal Welfare League of Arlington (the League) is to give special needs animals that might not otherwise be adoptable a second chance to find a loving home. Volunteer foster parents will provide **temporary** care for animals in the volunteer's home. This includes feeding, socializing, medicating, grooming and training foster animals according to the guidelines set forth by the League. Foster parents will return all fosterlings to the League at the scheduled times, or at any time upon request of the League. The League will provide foster parents with nearly everything their charges will need. Foster parents will provide the love, patience, and dedication their fosterlings need.

Name	
Address	
Home Phone	
Work Phone	
Email	

Type of animal you are interested in fostering : Puppies ___ Kittens ___

Are you able to foster a mother cat or dog along with her babies? Y / N

Are you able to foster orphaned kittens or puppies? Y / N

Do you live in a:

- House
- Condo
- Apartment
- Other

How many bedrooms?

- 1
- 2
- 3
- Other

Do you:

- Rent
- Own

If you rent, we will need to verify your landlord's pet policy. Please provide your landlord's name & phone number:

How many adults live in your household? ____ How many children live in your household? ____

Do any members of your household suffer from allergies? Y / N

Please describe: _____

Have you fostered an animal before? Y / N If yes, for whom? _____

2650 S. Arlington Mill Drive Arlington, VA 22206
(703) 931-9241 Fax (703) 931-2568 <http://www.awla.org>



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Please describe the animal: _____

Please describe the situation: _____

Do you have any animal care experience? Y / N

Please describe: _____

Why do you want to foster an animal? _____

Have you ever cared for a sick or injured animal? Y / N

Please describe the situation: _____

Do you have a separate room in your home for a foster animal? Y / N

Please describe: _____

Are you able to keep any household pets separate from foster animals? Y / N

How many hours each day are you away from home? _____

Do you have other members of your household who are willing to help with foster animals? Y / N

Please describe:

Many fosterlings require around-the-clock care and supervision. Are you able to provide this level of care? Y / N

What are the pet care arrangements when you are away from home? Please describe:

What will you do with your fosterlings if you must leave home for several days? Please describe:

Are you capable of giving medication to a fosterling if necessary? Pills Y / N Injections Y / N

If the foster animal becomes ill, do you agree to contact the League immediately? Y / N

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If necessary, can you transport a sick or injured foster animal to a veterinarian? Y / N

How long are you able to foster an animal? _____

If selected as a foster parent, when would you be available to start? _____

Sometimes, our foster parents have outside commitments that take them out of town, or that render them unavailable to fulfill their parenting duties for short periods, generally between one and five days.

Would you be willing to serve as an emergency foster care provider for short periods of time? Y / N

Have you or anyone in your household ever been convicted of any animal related misdemeanor or felony offense? Y / N

What other animals do you have at home?

Breed	Sex	Age	Spayed/Neutered	Do you own this animal?

We will need to verify that all your animals are current on their vaccinations. Please list your veterinarian's name and phone number so we may contact them if needed.

DOGS:

Distemper Exp. Date	Bordatella Exp. Date	Rabies Exp. Date	Flea/Tick Treatment Type & How Often	Heartworm Preventative	Staff Initials

CATS:

FelV/FIV Results/Date	Panleuk Exp. Date	Rabies Exp. Date	Flea/Tick Treatment Type & How Often	Staff Initials

Are your pets' medical records under your name? If not, please list the name under which these medical records are kept. _____



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Have you owned other animals not listed above in the past 5 years? Y / N

What happened to those animals? _____

A representative of the League will conduct a home visit as part of this application process. Please contact the Foster Coordinator to schedule a mutually convenient time for this visit.

I certify that the above information is true. I understand that falsification of the above information or non-compliance with the state statutes pertaining to the welfare of the animals will result in automatic termination of any foster relationship with the League. I hereby give the League permission to contact my veterinarian to obtain information about past and present pets. I understand that my landlord (if I have one) will be contacted to verify that I may house pets on a temporary basis. I will allow a representative of the League to conduct a home visit in conjunction with this application.

I further agree to hold harmless and indemnify the Animal Welfare League of Arlington from any injuries, health problems or loss sustained by me, my owned animals, or other persons or animals, and which may be caused by the animal(s) I am fostering.

I understand that the League may reject this application for any reason and may terminate my status as a foster parent at anytime for any reason. I understand that I may terminate my status as a foster parent at anytime for any reason.

Signature _____

Date _____

FOR INTERNAL USE ONLY:

I have reviewed the above-listed provisions of the application.

Name _____
Animal Welfare League of Arlington

Date _____



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Interview Notes

Follow Up:



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Home Visit

Home Visit Notes: