

FOSTER PARENT APPLICATION

HUMANE SOCIETY OF WARREN COUNTY

1245 Progress Drive ~ Front Royal, VA 22630

Phone: (540) 635-4734 ~ Fax: (540) 635-0262

Email: info@humanesocietywarrencounty.org ~ Website: www.humanesocietywarrencounty.org

PLEASE PRINT CLEARLY

Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone number: _____ (H) _____ (C) _____ (W)

Email Address: _____

Are you over 18 years of age? _____

How many adults live in your home? _____ Children? _____

Any allergy to pets? ☐ Yes ☐ No

Have you ever been convicted of a charge of animal cruelty, neglect, or abandonment? ☐ Yes ☐ No

Time lived at current residence. _____

Do you: Own _____

Rent _____ (includes living with parents rent free)

House _____ Apartment _____ Mobile Home _____

If renting, does your lease allow pets? ☐ Yes ☐ No

Name of landlord: _____ Telephone Number: _____

Do you have use of a private yard? ☐ Yes ☐ No

How would you describe your yard in terms of size? SMALL MEDIUM LARGE

Is the yard fully fenced? ☐ Yes ☐ No

Fence height at lowest point: _____

Type of fencing: WOOD CHAIN-LINK OTHER

Are all members of your household agreeable to fostering? ☐ Yes ☐ No

Who will be responsible for the animals' care? _____

Do you work? FULL TIME PART TIME HOME DURING THE DAY

FOSTER PARENT APPLICATION (con't)

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How many hours a day will the animal(s) be left alone? _____

Are you willing to administer medications (pills or liquid)? ☐ Yes ☐ No

Are you willing to bring the animal(s) to HSWC for vaccinations/checkups? ☐ Yes ☐ No

Where will the animal(s) be housed? _____

Are you able to keep your pets separate from foster pets? ☐ Yes ☐ No

Current Pets:						
Type of Pet	Name of Pet	Age	Sex	Spayed/neutered	Vaccinations Up to Date	How long owned?
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	

Veterinarian's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Animals you would be interested in fostering (Please check all you would be willing to foster)

- | | | | | | |
|--|--------------------------------------|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Kittens | <input type="checkbox"/> Puppies | <input type="checkbox"/> Birds | <input type="checkbox"/> Turtles |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Rats/Mice | | <input type="checkbox"/> Reptiles | |
| <input type="checkbox"/> Nursing mothers | | | <input type="checkbox"/> Unweaned kittens/puppies | | |
| <input type="checkbox"/> Cats with Upper Respiratory Infection | | | <input type="checkbox"/> Dogs with Kennel Cough | | |
| <input type="checkbox"/> Dogs with behavioral issues | | | <input type="checkbox"/> Special needs animals | | |

Are you willing to attend a training class prior to fostering? ☐ Yes ☐ No

Would you be willing to be listed as one of our "Emergency Fosters" should an animal come to the shelter unexpectedly, with no immediate foster home available? ☐ Yes ☐ No

How did you hear about the foster program? _____

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Please use this space for any additional information or comments that you may want to share with us:

Signature: _____ Date: _____

For Office Use Only

Landlord Verification:

☐

Yes

☐

No

Verified by: _____

Staff Initials

_____ Date

Veterinarian Reference Check:

Name of pet(s) on record? _____

Are all of the client's pet(s) on record spayed or neutered? _____

Are all of the client's pet(s) on record current on their vaccinations?

(Particularly rabies.) _____

Verified by: _____

Staff Initials

_____ Date