

**Humane Society of Warren County, VA**  
**FOSTER PARENT APPLICATION**

---

***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

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

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

Are you willing to take your fosters to adoption events when asked? ☐ Yes ☐ No

Additional information:

---

---

---

# Humane Society of Warren County, VA

## FOSTER PARENT APPLICATION

**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    |                                |                                  |

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: \_\_\_\_\_

### For Office Use Only

***Veterinarian Reference Check:***

Name of pet(s) on record? \_\_\_\_\_

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

Verified by: \_\_\_\_\_  
Staff Initials
Date

I acknowledge that all of the information I have provided on the HSWC foster parent application is accurate:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_