

**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		

<b>Current Pets:</b>							
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: \_\_\_\_\_