



Montgomery County Animal Care and Adoption Center

Foster Home Application

I certify that the following information is true and complete to the best of my knowledge

Signature: _____ Date: _____

Thank you for your interest in fostering an animal from the Montgomery County Animal Care and Adoption Center! You are an important part of our mission to create a no-kill community.

The questions in this document are designed to help us get to know you better so that we can find a foster animal that is the right fit for you. There are no right or wrong answers for any of these questions so please answer them as completely and honestly as you can!

Please fill out the information below and submit the application to the Volunteer Coordinator at wheatonmm@montgomerycountyva.gov, fax to the shelter at 540.382.5798, mail to 480 Cinnabar Rd, Christiansburg, VA, 24073, or drop off a hard copy at the shelter.

Personal Information

Name: _____ Age: _____

Address: _____

Phone #1: _____ Phone #2: _____

Please indicate what type of phone number each one is (cell/home/work/other)

E-mail: _____

Household Information

Please list any other human residents of the home in which you live below as well as their ages and their relationship to you. Please include any roommates.

Has everyone in the household agreed to have a foster animal in the home? Yes No

Is anyone in the household allergic to dogs, cats, or other animals? If so, what type of animal is the person allergic to?

Please briefly describe your typical weekly schedule below with the approximate number of hours the foster animal will be left alone each day.

M:

Tu:

W:

Th:

F:

Sa:

Su:

Are children currently living in or going to be visiting your house? Yes No

If so, what is the approximate age range of the children? _____

Do you rent or own your home? Rent Own

If you rent, please provide the contact information (name and phone number) for your landlord or leasing agency. _____

Landlords, insurance agencies, and home owners associations often have breed, weight, or animal number restrictions. Please speak with these agencies (if applicable) and list any restrictions below.

Have any of your resident animals ever had a conflict with another domestic animal of the same species (ex. dog fight)? Yes No

If yes, please explain:

Are you capable of keeping your foster animal completely separate from any resident animals should a temperament conflict or health issue arise? Yes No

Please list the name and contact information of the veterinarian who most recently cared for your current animals. Please note that all resident animals must be up to date on rabies and distemper vaccines and flea prevention before bringing a foster animal home.

Please initial:

_____ I agree to let a representative from MCACAC call my veterinarian and verify that my animals have received the proper vaccinations and that I provide recommended care.

Animal Experience

Have you ever been the primary caretaker for an animal that you owned? Yes No

Have you ever fostered an animal through a shelter or rescue? Yes No

If you have fostered before, please provide the name and contact information of the group through which you did so. _____

Do you have any animal experience other than owning a pet? (Examples: working at a veterinarian's office, boarding facility, laboratory, or other shelter.) Please describe below.

Foster Animal Preferences

What type of animal(s) are you willing and able to foster?

Cat Dog Pocket Pet Livestock/Poultry Pet Bird Reptile/Amphibian

Animals generally go into foster care because they are struggling to thrive in the shelter environment. What situations do you feel equipped to handle?

- | | |
|---------------------------------|------------------------------------|
| Behavioral issues | Injured animal |
| Pregnant mother | Ill animal (non-contagious) |
| Lactating mother with offspring | Ill animal (contagious) |
| Orphaned neonates | Weaned puppies or kittens |
| Shy animals | High-energy animals |
| Hospice care | Long-term fosters (over one month) |

Are you willing and able to do any of the following activities for your foster animal?
Please check all that apply.

- | | |
|-------------------|--|
| Take to the vet | Transport to the shelter or shelter events |
| Give medications | Use basic positive reinforcement training techniques |
| Housetrain (dogs) | Follow instructions for any special care |

Please describe where you plan to house your foster animal when you are at home.

Please describe where you plan to house your foster animal when you are away from home.

How do you plan to exercise your foster animal and provide mental stimulation? How much time do you have to provide exercise? Please note that foster dogs are **NOT** permitted to attend dog parks with unknown dogs.

Initials and Signature

_____ I have read this application in its entirety and certify that all statements are truthful under penalty of perjury under the laws of the state of Virginia.

_____ I certify that I have never been convicted of animal neglect, cruelty or abandonment.

_____ I understand that a representative from MCACAC will come to my residence for a home check before allowing me to bring home a foster animal.

_____ I understand that foster animals remain the property of the MCACAC and I may not give custody of the animal to another person or entity until expressly permitted to do so by a staff member of the MCACAC.

_____ I understand that all decisions about the placement or disposition of the animal will be made by the MCACAC.

_____ If accepted as a foster home, I agree to read the foster care handbook thoroughly and abide by all policies and procedures outlined therein.

_____ I understand that for each animal I foster I will also have to carefully read and sign a Foster Care Agreement, separate from this Foster Home Application, and that the Agreement is a legal contract between the MCACAC and myself, the foster care provider.

Printed Name: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

-----**OFFICE USE ONLY**-----

Please circle one: Approved Denied

Printed Name: _____

MCACAC Position Title: _____

Signature: _____ Date: _____