

FOSTER APPLICATION AND AGREEMENT



St. Mary's Animal Welfare League
P.O. Box 1232
Leonardtown, MD 20650
301-373-5659
smawl@yahoo.com

Personal Information:

First Name:	Last Name:	Month/Year of Birth:
Address:		City, State, Zip Code:
Home Phone #:		Work Phone #:
Cell Phone #:		E-Mail Address:

Current Pets:

Name	Sex		Age	Breed	Spayed/Neutered		Indoor	Outdoor	Both
	<input type="checkbox"/> M	<input type="checkbox"/> F			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All of your pets must be altered and up to date on vaccinations.

Your veterinarian name: _____ and phone number: _____

Where do your current pets stay while unattended? In house, free roam of the house In house, crated/confined Basement Garage Outdoors

Are you willing to transport pets in your personal vehicle? Yes No

If yes, are you willing to accept any risk involved in transporting a dog inside of your vehicle? Yes No

Family/Household Information: Please list all household members not listed above.

First Name	Last Name	Month/Year of Birth	Relationship

I am interested in fostering: (Check all which apply)

Cat Kitten Large Dog Med. Dog (21-50 lb.) Small Dog (<20 lb.) Puppy

Are you willing to foster a special needs pet, that has rehabilitatable medical or behavioral issues? Yes No

Residence Information:

<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment		Do you? <input type="checkbox"/> Own <input type="checkbox"/> Rent
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse		
Is your yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do children or strangers have access to your yard? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of fence?		
If you do not have a fenced yard, please describe how you will safely handle exercise and potty breaks:		
Do you have an outside dog run or kennel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you checked your home/yard for dangerous objects, plants, or chemicals?
If yes, is there access to the house or garage? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what shelter is available?		
How many hours per day will the animal be unattended?		
<input type="checkbox"/> 0-4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 8-12 hours <input type="checkbox"/> More than 12 hours		
If a dog will be unattended for extended periods of time, do you have arrangements in place to allow the dog out? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe arrangements:		
Where will the dog be kept while unattended?		
<input type="checkbox"/> Crated, inside house <input type="checkbox"/> Garage <input type="checkbox"/> Uncrated, free roam of house <input type="checkbox"/> Basement <input type="checkbox"/> Outdoor kennel run <input type="checkbox"/> Tied out in yard <input type="checkbox"/> Loose, outdoors <input type="checkbox"/> Other:		
Where will the dog be kept when people are home?		<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Where will the dog sleep at night?		
<input type="checkbox"/> Crated, inside house <input type="checkbox"/> Garage <input type="checkbox"/> Uncrated, free roam of house <input type="checkbox"/> Basement <input type="checkbox"/> Outdoor kennel run <input type="checkbox"/> Tied out in yard <input type="checkbox"/> Loose, outdoors <input type="checkbox"/> Other:		
It may take your foster animal a month or longer to adjust to its new home. During that adjustment period, some undesirable behaviors may emerge such as, housebreaking issues, intestinal distress, pacing, barking, scratching furniture, chewing, digging, aggression, etc. Are you prepared/willing to work through the adjustment period with a foster animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, why not?		
Some foster dogs may benefit from obedience training. Would you be willing to attend training with the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are your pets accustomed to being introduced to other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I, _____, hereby agree to abide by the following terms during the time I am a volunteer for the St. Mary's Animal Welfare League:

1. 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 SMAWL. I hereby give SMAWL permission to contact my veterinarian to obtain information about past and present pets. I will allow a representative of SMAWL to conduct a home visit in conjunction with this application
2. I will treat all SMAWL animals in a responsible and humane manner.
3. I will remember in all my dealings with the public that I represent SMAWL.
4. I agree that any animal in my care, whether through foster home or other volunteer activities, remains the possession and property of SMAWL until that animal is placed in a permanent home.
5. I accept full responsibility for any and all expenses incurred during my tenure as a volunteer and representative for the St. Mary's Animal Welfare League, except for those pre-approved by a SMAWL Board Member.
6. In the event I resign as a volunteer, I hereby agree to return any foster animals in my possession and all SMAWL records and/or SMAWL property to SMAWL within ten days of resignation.
7. I further agree to hold harmless and indemnify SMAWL 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.
8. I understand that SMAWL may reject this application for any reason and may terminate my status as a foster parent at any time for any reason. I understand that I may terminate my status as a foster parent at any time for any reason.

AGREED TO BY VOLUNTEER:

_____ Date: _____
(If completing electronically, typed name will represent signature)

Email application to: smawl@yahoo.com

Or

Mail application to:

SMAWL
P.O. Box 1232
Leonardtown, MD 20650

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