



Allegany County Animal Shelter  
716 Furnace Street  
Cumberland, MD 21502  
301-777-5930

## FOSTER APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

YES NO

Are you over 18 years of age?  YES  NO

Do you own your own home?  YES  NO

*If you rent, we must have a letter from your landlord stating you are allowed to have pets.*

List other adults living in your home, along with their phone numbers:

Full Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
*Last First M.I.*

Full Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
*Last First M.I.*

List any children living in your home, along with their ages:

Full Name: \_\_\_\_\_ Age \_\_\_\_\_  
*Last First M.I.*

Full Name: \_\_\_\_\_ Age \_\_\_\_\_  
*Last First M.I.*

Full Name: \_\_\_\_\_ Age \_\_\_\_\_  
*Last First M.I.*

Where will your foster animal be kept? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

List other pets in the household:

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_

YES NO

Are these animals current on shots?  YES  NO

*We will need proof of current vaccinations before fostering.*

Are these animals spayed or neutered?  YES  NO

List your vet's name and phone number:

Vet: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

YES NO

Have you or any member of your household ever been cited for violation of any Animal Control Laws?  YES  NO

If yes, please explain. \_\_\_\_\_

Why do you want to foster? \_\_\_\_\_

I agree to a pre-fostering home visit as well as home visits while I am fostering: YES NO

YES  NO

I understand that the Allegany County Animal Shelter will handle and approve all adoptions: YES NO

YES  NO

I agree to either let prospective adopters visit the fostered animal in my home or at the Allegany County Animal Shelter: YES NO

YES  NO

I understand that while the Allegany County Animal Shelter will be responsible for vet costs I am responsible for taking the animal to the vets and for administering any medications as necessary and providing post-surgical care as necessary: YES NO

YES  NO

I understand that my vet will be contacted about the care my current animals receive: YES NO

YES  NO

I understand that I must return the animal to the Allegany County Animal Shelter if I can no longer care for it for any reason: YES NO

YES  NO

I agree to provide adequate food, water and attention for the foster animal in my care: YES NO

YES  NO

I understand that if the foster animal in my care should become ill, run away, get lost or die I must notify the Allegany County Animal Shelter immediately: YES NO

YES  NO

I prefer to foster a: Dog Male Female Cat Male Female

If I foster a cat, I understand it must be kept inside: YES NO

YES  NO

If I foster a dog, I understand it must be in a secure fenced-in area or on a leash when outside: YES NO

YES  NO

Please list any requirements for fostering (time limits, age or size of animal, etc.):  YES  NO

YES  NO

**I certify that I understand the terms and conditions of the fostering agreement and that I have answered the questions truthfully. Non-adherence to this agreement will necessitate immediate return of the animal in my care and will prevent me from fostering in the future.**

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

Animal Shelter Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: YES NO By: \_\_\_\_\_ Date: \_\_\_\_\_

If not approved, list reason(s): \_\_\_\_\_