



100 CROY CREEK ROAD
 P.O. BOX 1496
 HAILEY ID 83333
 TELEPHONE: 208-788-4351
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FOSTER CARE APPLICATION

Today's Date _____ Name of Animal _____ Dog Puppy Cat Kitten

SECTION I: TYPE OF FOSTER Please identify which foster program you are interested in participating in:

Short-term foster program with the intent of permanent adoption.

Time period is normally a weekend visit, or a seven (7) day period designed to give you and the cat or dog the opportunity to visit the new home, interact with the family and any other pets that may be members of the household.

Temporary foster of a special needs animal.

This program has been established to help a shelter cat or dog recuperate from a medical situation, provide some basic socialization training or foster with intent of finding a new permanent home for the animal.

Long-term foster as temporary offsite housing.

Temporary long-term housing while the shelter may be overcrowded or under construction.

SECTION II: FOSTER PARENT PROFILE

Name(s) _____ Age _____ Driver's License # _____

Street Address _____ City of Residence _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work phone _____ Cell phone _____

Who will be primarily responsible for the care and supervision of the animal? _____

Name/ breeds of other animals in your household _____

Where will this animal be kept when you are home? _____

Where will this animal be kept when you are away from the house? _____

Where will this animal sleep at night? _____

If you have a fenced yard, please describe _____

Do you have a local veterinarian of choice? No Yes Name: _____

Are you familiar with local animal control ordinances regarding licensing and leash laws? No Yes

SECTION III: FOSTER CARE WAIVER

I. I am aware that animals are different from human beings in their response to human actions; that the actions of animals are often unpredictable and the ASWRV makes no representation as to the behavior or temperament of animal put up for foster. I hereby accept temporary possession of this animal at my own risk, and hereby release and waive any right against the ASWRV which I may have now for any damages to persons or property caused by this animal. Initial _____.

II. Medical / Behavioral Issues Disclosure: ASWRV does not have an Animal Behavioral Specialist on staff. The Shelter staff observes the animals and keeps records of their behavior and health as situations or events make them available. Any pertinent information relating to the animal's health or behavior received from a prior owner or member of the shelter staff is herein noted: _____

III. By providing a foster home for the animal in my care, I do understand that their stay in my home is only temporary and I will return the animal entrusted to me back to the Animal Shelter of Wood River Valley at the time determined according to the Shelter Manager. If at some time during this foster I have a change in intent and wish to provide a permanent home for the animal in my care, I agree to go through proper adoption procedures as designated by the Animal Shelter of Wood River Valley's policies and procedures on adopting animals. I have read all of the above and by signing this waiver I agree to abide by all of its provisions and to permit an authorized representative of the ASWRV to inspect the animal and the premises where the animal is kept, and to permit the ASWRV to reclaim the animal, if in their judgment, it is not being cared for properly. Initial _____.

Adoption Fee _____ Spay/ Neuter refundable deposit _____ Rabies Vaccine Fee _____ Dog License Fee _____

Supplies purchased _____ / Amount \$ _____ Donation _____ **Total Costs:** _____ **Method of Payment** _____

Foster Parent's Signature _____ Date _____

Approving Shelter Manager's Signature _____ Date _____

SECTION III: FOSTER FOLLOW-UP PHONE LOG

Date animal first left shelter _____

Date of first follow-up phone call: _____ Interviewed by _____

Notes _____

Date of next follow-up phone call: _____ Interviewed by _____

Notes _____

Date of next follow-up phone call: _____ Interviewed by _____

Notes _____

SECTION IV: FOSTER FOLLOW-UP HOME VISITS

Date of home visit: _____ Interviewed by _____

Notes _____

Date of home visit : _____ Interviewed by _____

Notes _____

