



## Animal Welfare Society of Jefferson County

PO Box 147 • Charles Town, WV 25414

Telephone: 304-725-0589 • web site: [www.awsjc.org](http://www.awsjc.org)

Serving the Jefferson County community for over 60 years

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

18 years or older: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

If renting please provide Landlord name and contact information:

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Will you be the main person responsible for this animal: Yes \_\_\_\_\_ No \_\_\_\_\_

How many individuals live in your household?: \_\_\_\_\_

Is anyone in the home under the age of 18 years?: Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the home object to providing Foster Care?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone in the home allergic to animals of any kind?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

What made you become interested in being a Foster Parent?

What animals are you willing to foster?

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Reptiles \_\_\_\_\_ Pocket Pets \_\_\_\_\_

Other (explain) \_\_\_\_\_

Have you ever Fostered animals before: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:



An agency of the United Way of the Eastern Panhandle

Do you currently have pets? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list your current pets:

Type	Age	Gender	Altered Y/N	How Long	How did you receive the Animal

Please provide dates of your pets last vaccinations:

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Name and Contact Number of your Veterinarian:\_\_\_\_\_

Have you ever adopted from a Shelter or Rescue group before: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please identify Group:

Do you still have the animal you adopted? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, please explain:

Have you ever surrendered an animal to a shelter or rescue group? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

Where in the house would your foster animal(s) sleep?

How many hours a day would your foster animal(s) be left alone?

Are there any limitations to your ability to do foster care?

(time, mobility, money, space, health, etc.)

Have you ever fostered for a shelter or rescue group before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, which organization did you foster for?

Are you interested in fostering: Males\_\_\_\_\_ Females\_\_\_\_\_ No preference\_\_\_\_\_

	Yes	No	Unsure
Elderly Animals			
Injured Animals			
Pregnant Animals			
Nursing Animals			
Anti Social Animals			
Sick Animals			
Animals on Meds			

If you have any experience in handling animals from any of the categories above, please describe:

Foster parents are required to provide daily handling of their foster animals in a safe manner. Are you willing and able to do this?

Yes\_\_\_\_\_ No\_\_\_\_\_

How will you provide your foster animal with regular exercise and socialization?

Are you willing to attend a foster care training meeting? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you willing and able to take your foster animal(s) to and from the veterinarian when needed? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you willing and able to take your foster animal(s) to and from adoption events?

Yes\_\_\_\_\_ No\_\_\_\_\_

I hereby certify that all of my answers in this Foster Application are answered honestly and to the best of my knowledge.

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

# Foster Care Agreement

It is the responsibility of the Animal Welfare Society of Jefferson County to ensure that the animals under our care are being provided for in the best possible manner. AWSJC has a responsibility to offer for adoption healthy and properly socialized animals to the best extent possible.

\_\_\_\_\_I certify that my own pets are up to date on all Rabies Shots and Annual Vaccinations.

\_\_\_\_\_I will provide only approved food for my foster animal(s) as directed by AWSJC

\_\_\_\_\_I will handle my foster animal(s) daily and in a safe and appropriate manner.

\_\_\_\_\_I will monitor my foster animal(s) regularly for health and/or behavior issues and will notify AWSJC of any health or behavioral concerns.

\_\_\_\_\_If my foster animal(s) require veterinary attention, I will do my best to contact and obtain permission from AWSJC before taking the animal to a veterinarian.

\_\_\_\_\_If I take my foster animal to a veterinarian, I will contact AWSJC to discuss any procedures recommended by the veterinarian (i.e. surgery, medicines, or medical treatment) prior to treatment.

\_\_\_\_\_The foster animals are the responsibility of Animal Welfare Society of Jefferson County, therefore I will adhere to any decisions made by AWSJC on the return or placement of my foster animal(s).

\_\_\_\_\_I understand that I am not to adopt out any animals being fostered by me for Animal Welfare Society of Jefferson County.

\_\_\_\_\_I may not take in any animals on behalf of Animal Welfare Society of Jefferson County, from individuals, shelters, rescues or any other sources without prior permission of AWSJC.

\_\_\_\_\_Foster animals must be adopted through AWSJC, and may not be released to the care of anyone prior to the completion of the full adoption process.

\_\_\_\_\_The Animal Welfare Society of Jefferson County is not responsible for any accidents, injuries, or illnesses arising from the fostering of AWSJC animals.

\_\_\_\_\_I will follow ALL foster care policies and procedures.

Foster Care Provider Name (printed):\_\_\_\_\_

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

AWSJC Witness Name (printed):\_\_\_\_\_

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