



Animal Welfare Society of Jefferson County

PO Box 147 • Charles Town, WV 25414

Telephone: 304-725-0589 • web site: 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:

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:

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:_____