

Town of Apple Valley, Animal Services 22131 Powhatan Rd., Apple Valley, CA 92308 (760) 240-7000 ext. 7555



Animal Foster Application

kittens, given di being a	puppies, dogs, cats, uring this time allow	or other s the an any. Th	r animals in need as imal a second chan ey include offering o	t. As such, you will be provid specified in your application ce to be adopted by a loving fun animal a second chance and mal you nurture.	. The devotion and care amily. The rewards of
Name:				Date:	
Street Address:				City:	Zip:
Home Phone: ()				Cell Phone: ()	
How many members are in your Household?				How many are children?	
What are their ages?				Do they support your participation in the Foster Program? Yes No	
Are any members of your household allergic to animals? Yes No If yes, please explain:				Are any members of your household afraid of animals? Yes No If yes, please explain:	
REFERI	ENCES				
		Organization			
	Name		Organization	Relationship	Phone Number
	Name		Organization	Relationship	Phone Number
Please de	Name escribe your previous or	present vo		Relationship	Phone Number
Why do y	escribe your previous or secribe your previous or secribe your previous or secribe you want to be involved	in the Fos	olunteer experience:	Relationship	Phone Number
Why do y	escribe your previous or secribe your previous or secribe your previous or secrible you want to be involved	in the Fos	olunteer experience: ster Program?		Phone Number
Why do y	escribe your previous or secribe your previous or secribe your previous or secribe you want to be involved	in the Fos	olunteer experience:		Phone Number
Why do y	escribe your previous or secribe your previous or secribe your previous or secrible you want to be involved	in the Fos	olunteer experience: ster Program?		Phone Number
Why do y	escribe your previous or secribe your previous or secribe your previous or secrible you want to be involved	in the Fos	olunteer experience: ster Program?		Phone Number

Please describe the area of your household where the foster animal(s) will be kept.	Do you have an area where the foster animal(s) can be isolated from your own pets if necessary? Yes No If yes, please describe the isolation area.			
Is there someone home during the day (Note: not a requirement) Yes No	Do you have access to a car for transportation of the foster animal to and from the shelter? Yes No			
Please indicate which animals(s) you would be most interested in formula in Mildly sick or injured animals; needs recuperation time in a language in Mursing mother cat and kittens Nursing mother dog and puppies Orphaned kittens Orphaned puppies	ess stressful environment			
Please indicate the amount of time you can commit to fostering anim 2 weeks4 weeks6 weeksMore than 6 weeks				
Would like to do so on a regular basis, especially as needed d	luring the busy season (spring and summer)			
Would you be interested in fostering an animal on a long term basis? Yes No Possibly				
== · ·	Animal Care & Control			
Animal Fostering Policy All foster applications require approval from the shelter supervisor, and may include a home inspection by an animal control officer. Foster animals shall be assessed by the shelter's RVT before placement in the foster home, and the expected date of return documented on the animal impound record. The fostering parent shall be given a list of supplies needed prior to taking the animal(s) home and given specific instruction for the care of the animal. All costs incurred in the feeding and housing of the animal(s) during the fostering period shall be the responsibility of the foster parent. Medical care administered by the shelter's RVT shall be authorized by the shelter's supervising veterinarian, approved by the shelter supervisor, and provided at no cost to the foster parent. All other (outside) veterinary cost shall be the responsibility of the foster parent.				
Fostered animals are the property of the Town of Apple Valley, and must be returned to the shelter at the designated time for final disposition. No animal shall be kept by a foster parent or given to another individual without going through the normal adoption process. Foster parents shall have first choice to adopt any fostered animal providing they are within their zoning limits. Foster parents electing to adopt an animal in their care shall pay all applicable fees associated with a normal adoption. Adoption fees are waived if the foster parent elects to pay for all veterinary care including spaying/neutering, vaccination/licensing, microchipping, etc. Foster parents that chose to have their fees waived will be given a specified time by the shelter supervisor to comply with spaying/neutering, vaccination/licensing, and microchipping requirements. Foster animals must be surrendered to the shelter or may be taken into custody by an animal control officer if the foster parent fails to comply with the terms of this policy.				
Any loss or death of a fostered animal must be reported immediatel	y to the shelter supervisor.			
Foster Parent Signature	Date			
Approved	Not Approved			
Gina Schwin-Whiteside, AS Manager	Date			