



Town of Apple Valley, Animal Services
 Physical address:
 22131 Powhatan Rd., Apple Valley, CA 92308
 (760) 240-7000 ext. 7519



Mailing address:
 14955 Dale Evans Parkway, Apple Valley, California 92307 | 760-240-7000

Animal Foster Application

Thank you for your interest in becoming a foster parent. As such, you will be providing a temporary home for kittens, puppies, dogs, cats, or other animals in need as specified in your application. The devotion and care given during this time allows the animal a second chance to be adopted by a loving family. The rewards of being a foster parent are many. They include offering an animal a second chance and the added benefit of receiving the love and attention right back from the animal you nurture.

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____ <i>If yes, please explain:</i>	Are any members of your household afraid of animals? Yes____ No____ <i>If yes, please explain:</i>

Housing/Property:

Do you:	Own your own home	Rent/Lease	Live with parent or guardian
Residence Type:	House	Condo	Apartment
If you circled Rent/Lease <i>Do you have landlord approval?</i> YES NO	Landlord name:	Address:	Phone Number:

Please describe your previous or present volunteer experience:

Why do you want to be involved in the Foster Program?

Please list animals currently living at the foster location.

Species	Breed	Age	List current vaccines and any health issues.	Gender	Spayed/Neutered

<p>Are you a member of a Rescue Organization? YES NO</p> <p>If yes, Please state which Rescue Organization you currently Represent/work with:</p>	<p>Do you have an area where the foster animal(s) can be isolated from your own pets if necessary? Yes_____ No_____ <i>If yes, please describe the isolation area.</i></p>
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<p>Is there someone home during the day <i>(Note: not a requirement)</i> Yes_____ No_____</p>	<p>Do you have access to a car for transportation of the foster animal to and from the shelter? Yes_____ No_____</p>
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Please indicate which animals(s) you would be most interested in fostering.

Mildly sick or injured animals; needs recuperation time in a less stressful environment
 Nursing mother cat and kittens
 Nursing mother dog and puppies
 Orphaned kittens
 Orphaned puppies

Please indicate the amount of time you can commit to fostering animal(s).

2 weeks
 4 weeks
 6 weeks
 More than 6 weeks
 Would like to do so on a regular basis, especially as needed during the busy season (spring and summer)

Would you be interested in fostering an animal on a long term basis? Yes_____ No_____ Possibly_____

REFERENCES (Please provide a professional reference letter from the individual listed below)

Name	Organization	Relationship	Phone Number

**Town of Apple Valley Animal Care & Control
Animal Fostering Policy**

All foster applications require approval from the shelter supervisor and foster coordinator; this may include a home inspection by an animal control officer. Foster animals shall be assessed by the shelter's RVT or Health Tech 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. I agree to contact the Shelter's RVT, if the foster pet(s) need medical care of any kind. At this time the RVT and supervising Veterinarian will decide if the foster pet(s) must return to the Shelter or if they can stay with foster parent where the foster parent will administer medication, if provided. **NOTE: Private Veterinarian costs incurred by the Foster Parent will not be reimbursed by AVAS nor will other expenses such as food, toys, litter, etc.**

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/foster 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.

Cats are not allowed to roam free outside of the home. Any loss or death of a fostered animal must be reported immediately to the shelter supervisor. In the case of death, the body must be returned to the shelter for disposal. If your foster pet escapes you will need to provide us with a written statement on the incident.

_____ Foster Parent Signature	_____ Date
_____ Parent or Guardian Signature (if under 18)	_____ Date

For Office use only:

_____ Approved	_____ Not Approved
_____ Gina Schwin-Whiteside, AVAS Manager	_____ Date
_____ Brandie (Employee #579), AVAS Foster Coordinator	_____ Date