

Name:

## 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 <u>temporary</u> 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.

Date:

Street Address:		City:	Zip:		
Home Phone: ( )		Cell Phone: ( )			
How many members are in ye	our 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 hor animals? Yes No  If yes, please explain:		Are any members of your l Yes No If yes, please explain:	household afraid of animals?		
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 Do you have landlord approval? YES NO	Landlord name:	Address:	Phone Number:		
Why do you want to be involved	s or present volunteer experience	e:			

Please list animals currently living at the foster location.

Species	Breed	Age	List current vaccines	and any health issues.	Gender	Spayed/Neutered
Are you YES	a member of a Rescue	Organiza	ation?	from your own pets if n		animal(s) can be isolated
If yes, Please state which Rescue Organization you currently Represent/work with:		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				
Yes	_ No					
Please in	dicate which animals(s	) you wo	uld be most interested	in fostering.		
Nu Nu Orj	ldly sick or injured anim rsing mother cat and kitt rsing mother dog and pu phaned kittens phaned puppies	ens	s recuperation time in a	less stressful environment		
Please in	dicate the amount of ti	me you o	can commit to fostering	animal(s).		
4 w 6 w Mo	veeks veeks veeks ore than 6 weeks ould like to do so on a re	gular bas	is, especially as needed o	during the busy season (spr	ing and summe	r)
Would y	ou be interested in fost	ering an	animal on a long term	basis? Yes No	Possibly_	
REFER	RENCES (Please pr	ovide a	professional refere	ence letter from the in	ndividual list	ted below)
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	Name		Organization	Relationship		Phone Number
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## 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 the 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
Office use only:Approved	Not Approved
Gina Whiteside, AVAS Director	Date