

Town of Apple Valley Animal Care & Control 13643 Tonikan Rd., Apple Valley, CA 92307 (760) 240-7000 ext. 7555



Animal Foster Application

kittens, given di being a	puppies, dogs, cats, uring this time allow foster parent are mo	or other s the an any. Th	r animals in need as imal a second chanc	As such, you will be provid specified in your application e to be adopted by a loving for animal a second chance ar mal you nurture.	a. The devotion and care family. 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				
	Name		Organization	Relationship	Phone Number
	escribe your previous or		^		
	you want to be involved				
	st animals currently liv			1 1 11	
Species	Breed	Age	List current vaccines ar	na any nealth issues.	

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 fMildly sick or injured animals; needs recuperation time in aNursing mother cat and kittensNursing mother dog and puppiesOrphaned kittensOrphaned puppies	less stressful environment	
Please indicate the amount of time you can commit to fostering and2 weeks4 weeks6 weeksMore than 6 weeksWould like to do so on a regular basis, especially as needed		
Would you be interested in fostering an animal on a long term basis	s? Yes No Possibly	
Animal Fos All foster applications require approval from the shelter superviso Foster animals shall be examined by the veterinary technician or s expected date of return documented on the animal impound record to taking the animal(s) home and given specific instruction for the the animal(s) during the fostering period shall be the responsibility veterinary technician shall be approved by the shelter supervisor, a veterinary cost shall be the responsibility of the foster parent. Fostered animals are the property of the Town of Apple Valley, an disposition. No animal shall be kept by a foster parent or given to process. Foster parents shall have first choice to adopt any foster parents electing to adopt an animal in their care shall pay all appl waived if the foster parent elects to pay for all veterinary care incl Foster parents that chose to have their fees waived will be given a	chelter supervisor prior to placement in the foster home, and the la. The fostering parent shall be given a list of supplies needed prior care of the animal. All costs incurred in the feeding and housing of yof the foster parent. Medical care administered by the shelter's and provided at no cost to the foster parent. All other (outside) and must be returned to the shelter at the designated time for final another individual without going through the normal adoption ed animal providing they are within their zoning limits. Foster icable fees associated with a normal adoption. Adoption fees are uding spaying/neutering, vaccination/licensing, microchipping, etc. specified time by the shelter supervisor to comply with frements. Foster animals must be surrendered to the shelter or may tent fails to comply with the terms of this policy.	
Foster Parent Signature	Date	
Approved	Not Approved	
Sheri Rogers, Shelter Supervisor	Date	