



Foster Application

Name: _____ Date: _____

Address: _____ Apt: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Employer/Occupation: _____

I am interested in (circle all that apply):

Day Trips
(Dogs only)

Weekend Visit
(Dogs only)

Short Term Fostering
(< 1 month)

Long Term Fostering
(> 1 month)

If you circled short term or long term, are you interested in fostering (circle all that apply):

Bottle Babies
(Kitten without mom)

Baby Kitten
(too small for adoption)

Mom & Litter
(kittens)

Rehabilitation
(Cat or Kitten)

Hospice
(Cat)

Bottle Babies
(Puppy without mom)

Baby Puppy
(too small for adoption)

Mom & Litter
(puppies)

Rehabilitation
(Dog or Puppy)

Hospice
(Dog)

Please list the name and age for ALL members of your household including applicant:

Who will be primarily responsible for the care of the animal(s)? _____

Do you live in a (Circle One): Home Apartment Mobile Home Condo Townhouse
Dorm Farm Other: _____ Length of time at current residence: _____

Do you (Circle One): Own Rent Live with Parents Other: _____

If you rent or live on property that is owned by someone else, please complete the next line:

Property owner name: _____ Phone: _____

Are you willing to work through any behavioral problems with your fostered animal? Yes No

Do you understand that your fostered animal may expose resident animals to shelter related illnesses? (i.e. upper respiratory infection, kennel cough, ringworm) Yes No

Have you ever had to give an animal away? Yes No

If yes, what were the circumstances? _____

Where will the foster pets be residing? _____

Please list all of your current pets and/or all of the pets you have had in the past 5 years:

Pet's Name	Species	Breed	Sex	Age	Spayed/ Neutered Yes/No	If you do not currently have this pet, where are they now?

Who is your veterinarian? _____ Phone: _____

Whose name are the records under? _____

If your current pets are not up-to-date on vaccinations or altered, please explain why: _____

Have you ever fostered for us or any other organization before? Yes No

If yes, when and where? _____

Are you willing to have a humane society representative perform a home check? Yes No

If no, please explain why. _____

Foster animals are property of the humane society, do you agree to return the fostered animal at the end of the agreed upon foster terms? Yes No

Please read in its entirety and initial each statement:

- I agree that this animal is my responsibility and I will follow all instructions given by Wicomico Humane staff. _____
- I will be financially responsible for any injury or incident that occurs while this animal is under my care. _____
- I agree to keep the dog on a leash at all times or in a fenced in area. _____
- I agree that I will not attempt to socialize dogs that are deemed dog reactive. _____
- I will report any concerns (behavior or health) back to the shelter immediately. If warranted, call Animal Control at 410-749-1070 or the shelter at 443-880-1788 _____

By signing below, I understand that the falsification or omission of any of the above information will result in automatic refusal of foster or confiscation of the fostered animal. I authorize the Humane Society of Wicomico County (HSWC) to verify the validity of any information contained in this application. I hereby agree to release, discharge, indemnify and hold harmless HSWC and any of its agents from any and all liabilities that may arise out of the handling by me and/or my party.

In addition, I certify under penalty of perjury that I have not been convicted of animal cruelty or neglect by a court of law.

Signature: _____ Date: _____ Time: _____

-----FOR HSWC USE ONLY – Rev. 2/11/19-----

Comments: _____
