



TO BE CONSIDERED FOR OUR FOSTER PROGRAM, PLEASE COMPLETE THIS APPLICATION AND EMAIL TO ADOPT@ISWMP.ORG.

FOSTERING SAVES LIVES AND THEREFORE WE THANK YOU FOR YOUR INTEREST IN BECOMING A FOSTER!

FOSTER APPLICATION FORM

ABOUT YOU & YOUR HOUSEHOLD

NAME: _____ AGE: _____ OCCUPATION: _____

WORK PLACE: _____
(PLEASE PROVIDE THE ADDRESS OF YOUR WORKPLACE AND THE NAME OF A CO-WORKER, IF YOU HAVE ANY)

SPOUSE/PARTNER (NAME, OCCUPATION, ETC.): _____

CHILDREN (NAMES AND AGES): _____

OTHER OCCUPANTS IN YOUR HOUSEHOLD (IF ANY): _____

HAVE YOU ENSURED THAT NO ONE IN YOUR HOUSEHOLD IS ALLERGIC TO THE TYPE OF PET YOU WISH TO FOSTER? _____

HOME ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ - _____ - _____ E-MAIL _____

TYPE OF DWELLING: _____
(PLEASE DESCRIBE - HOUSE, APT, ARE THERE LONG FLIGHTS OF STAIRS THAT THE PET WOULD HAVE TO USE ON A DAILY BASIS?)

HOW LONG HAVE YOU LIVED AT THIS RESIDENCY: _____

DO YOU (CHECK ONE): RENT OWN LIVE WITH PARENTS/RELATIVES OTHER: _____

IF RENTING, ARE PETS ALLOWED AND DO YOU HAVE THE LANDLORD'S EXPRESS CONSENT TO FOSTER A PET? Yes No

IF APPLICABLE, PROVIDE NAME OF HOME OWNER OR LANDLORD'S NAME AND PHONE NUMBER:

(BY PROVIDING THIS INFORMATION YOU ARE ALLOWING ISWMP TO MAKE CONTACT SO PLEASE INFORM THEM OF THIS)

WHY DO YOU WANT TO FOSTER A RESCUE ANIMAL? _____

HOW DID YOU HEAR ABOUT ISWMP AND OUR FOSTERING PROGRAM?

WHAT TYPE OF ANIMAL ARE YOU INTERESTED IN FOSTERING (CHECK ALL THAT APPLY)? DOG CAT

ARE YOU WILLING TO FOSTER MORE THAN ONE ANIMAL AT A TIME: Yes No

ARE YOU ABLE/WILLING TO ADMINISTER MEDICATIONS, IF NECESSARY? Yes No

WHERE WILL THE FOSTER ANIMAL SPEND THE DAY? WILL THEY HAVE ACCESS TO OUTSIDE FACILITIES? (DESCRIBE)

WHERE WILL THE FOSTER ANIMAL SPEND THE NIGHT? WHERE WILL THEY SLEEP? (DESCRIBE)

NUMBER OF HOURS (AVERAGE) THE FOSTER WILL SPEND ALONE ON A DAILY BASIS? _____

WHERE WILL THE FOSTER STAY WHEN LEFT HOME ALONE? _____

HOW WOULD YOU DISCIPLINE YOUR FOSTER IF IT MISBEHAVED? _____

ARE YOU WILLING TO PROVIDE FOOD AND LITTER AT YOUR OWN COST FOR FOSTER PETS?: Yes No

WHAT KIND OF FOOD WILL YOU FEED YOUR FOSTER ANIMAL? _____

WHAT WOULD YOU DO IF YOUR FOSTER ANIMAL ESCAPED FROM YOUR HOME? _____

HOW LONG ARE YOU WILLING TO FOSTER AT ANY ONE TIME: _____

HOW WILL THE FOSTER PET RECEIVE EXERCISE?: _____

ARE YOU WILLING TO LET A ISWMP REPRESENTATIVE VISIT YOUR HOME BY APPOINTMENT? Yes No

ARE THERE ANY ROOMS THAT ARE OFF-LIMITS TO ANIMALS? _____

DO YOU AGREE TO KEEP THE ANIMAL AS A PRIMARILY INDOOR PET? Yes No

CURRENT PETS

IF ANY, PLEASE LIST THE TYPE (AND BREED), AGE AND SEX OF ALL CURRENT PETS: _____

HOW LONG HAVE YOU OWNED THEM AND HOW DID YOU OBTAIN THEM? _____

ARE THERE ANY OTHER PETS OTHER THAN YOUR OWN THAT ARE CURRENTLY LIVING AT YOUR RESIDENCE? IF SO, PLEASE EXPLAIN: _____

ARE ALL YOUR PETS UP TO DATE ON VACCINES? Yes No IF NOT, WHY? _____

ARE ALL YOUR PETS SPAYED/NEUTERED? Yes No IF NOT, WHY? _____

DO ANY OF YOUR PETS HAVE PHYSICAL AND/OR BEHAVIORAL ISSUES?: _____

DO ALL YOUR PETS GET ALONG? _____

HAVE YOU EVER HAD MULTIPLE ANIMALS IN YOUR HOME? IF SO, PLEASE EXPLAIN: _____

ARE YOU ABLE TO KEEP THE FOSTER SEPARATE FROM YOUR RESIDENT ANIMALS, IF NECESSARY? Yes No

VETERINARIAN INFORMATION

IF APPLICABLE, PLEASE PROVIDE YOUR CURRENT VETERINARIAN'S INFORMATION:

NAME: _____ CLINIC PHONE: _____

(BY PROVIDING ISWMP WITH THIS INFORMATION YOU ARE ALLOWING ISWMP TO CALL YOUR VET. PLEASE INFORM THEM AND ASK THEM TO AUTHORIZE THE RELEASE OF INFORMATION TO ISWMP.)

EXPERIENCE

DESCRIBE YOUR LEVEL OF PET OWNING EXPERIENCE: _____

HOW OFTEN DID/DO YOU WALK YOUR DOG? _____

HAVE YOU EVER HAD A PET THAT HAD BEHAVIORAL ISSUES? _____

HAVE YOU EVER HAD A PET THAT GOT INTO A FIGHT? _____

HAVE YOU FOSTERED AN ANIMAL BEFORE? Yes No

IF YES, WHAT ORGANIZATION DID YOU FOSTER FOR: _____

HAVE YOU EVER GIVEN MEDICATION TO SICK ANIMALS BEFORE: Yes No IF YES, EXPLAIN: _____

SECURITY

BEFORE THE FOSTER ANIMAL ARRIVES, WILL YOU THOROUGHLY INSPECT YOUR HOME AND YARD (INCLUDING DOORS AND GATES) FOR ANY POTENTIAL ESCAPE AREAS AS WELL AS MAKE NECESSARY REPAIRS IN THE FUTURE? Yes No

DO YOU HAVE A COMPLETELY FENCED IN YARD? Yes No DO YOU HAVE A PET DOOR? Yes No

HOW TALL IS YOUR FENCE (IF APPLICABLE):

LOWEST POINT FROM THE GROUND: _____ FT TALL & HIGHEST POINT FROM THE GROUND: _____ FT TALL

IS THE FENCE INTACT ON ALL SIDES AND AT LEAST 6 FEET FROM THE GROUND LEVEL IN ALL AREAS? _____

DID YOU RECENTLY INSPECT YOUR FENCES, AND ARE THEY ALL IN GOOD CONDITION? _____

ARE THERE GATES? Yes No IF SO, HOW MANY AND HOW HIGH ARE THEY? _____

IS THERE A LOCK ON ALL THE GATES? Yes No

IF NO, WILL THEY BE INSTALLED BEFORE YOUR FOSTER ARRIVES? Yes No

DO YOU HAVE A SWIMMING POOL? Yes No IF YES, IS IT SURROUNDED BY A FENCE/GATE? Yes No

WHO HAS ACCESS TO YOUR YARD? _____

WILL THE FOSTER ANIMAL LIVE SOMEWHERE ELSE OTHER THAN LISTED, ON A REGULAR BASIS (CHECK ONE)? Yes No

IF SO, PLEASE EXPLAIN AND PROVIDE THE ADDRESS: _____

CONFIRMATIONS & AFFIRMATIONS

I, _____ [NAME OF FOSTER APPLICANT] MAKE THE ABOVE STATEMENTS AND VOLUNTARILY ENTER INTO THIS AGREEMENT TO PROVIDE A TEMPORARY HOME AS A FOSTER CAREGIVER TO ANY ANIMALS ISWMP MAY TEMPORARILY PLACE IN MY CARE.

- I AGREE TO PROVIDE A ISWMP REPRESENTATIVE ACCESS TO ALL PARTS OF MY HOME AND PROPERTY FOR A HOME INSPECTION BEFORE MY APPLICATION TO FOSTER IS APPROVED.
- I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE FOSTER CARE TO MY FOSTER ANIMAL FOR AN EXTENDED AND INDEFINITE PERIOD OF TIME.
- I UNDERSTAND THAT ISWMP PROVIDES NO GUARANTEE AS TO THE HEALTH OF MY FOSTER ANIMAL AND THAT MY FOSTER ANIMAL MAY HAVE MEDICAL NEEDS, SOCIALIZATION PROBLEMS, AND MAY NOT BE HOUSEBROKEN.
- I AGREE TO PROVIDE MY FOSTER ANIMAL WITH VETERINARY CARE AS AUTHORIZED BY ISWMP I WILL NOT ARRANGE OR PAY FOR ANY ELECTIVE VETERINARY CARE FOR MY FOSTER ANIMAL WITHOUT THE EXPRESS CONSENT OF AN AUTHORIZED ISWMP REPRESENTATIVE.
- I WILL TAKE ALL NECESSARY PRECAUTIONS TO PREVENT MY FOSTER ANIMAL FROM EITHER IMPREGNATING ANOTHER ANIMAL OR BECOMING IMPREGNATED. IN THE EVENT THAT HAPPENS, I WILL NOTIFY ISWMP IMMEDIATELY.
- I UNDERSTAND THAT I MAY ONLY HAVE MY FOSTER ANIMAL TEMPORARILY.
- I AGREE THAT I AM FOSTERING THIS ANIMAL FOR ISWMP, AND THAT I DO NOT HAVE ANY RIGHT OF OWNERSHIP OVER MY FOSTER ANIMAL.
- I AGREE TO IMMEDIATELY RETURN ANY FOSTER ANIMAL IN MY CARE TO ISWMP AT THE REQUEST OF ITS AUTHORIZED REPRESENTATIVE AT ANY TIME AND FOR ANY REASON. IF ISWMP IS FORCED TO UNDERTAKE LEGAL ACTION TO ENFORCE THIS PROVISION OF THE AGREEMENT, I AGREE TO INDEMNIFY ISWMP FOR ALL COURT COSTS AND ATTORNEYS' FEES CONNECTED WITH SUCH AN ACTION.
- IF I AM PLANNING TO MOVE AT ANY TIME DURING THE PERIOD WHEN I AM HOUSING A FOSTER ANIMAL, I AGREE TO CONTACT ISWMP PRIOR TO MY MOVE AND PROVIDE ISWMP WITH MY NEW CONTACT INFORMATION. I UNDERSTAND THAT ISWMP HAS THE RIGHT TO REQUEST RETURN OF MY FOSTER ANIMAL BASED ON MY CHANGE OF RESIDENCE, AND AGREE THAT I WILL SURRENDER MY FOSTER ANIMAL TO ISWMP IMMEDIATELY UPON REQUEST.
- I UNDERSTAND THAT AS LONG AS I PROVIDE FOSTER CARE TO MY FOSTER ANIMAL TO ISWMP'S SATISFACTION, I WILL BE GIVEN THE FIRST RIGHT OF ADOPTION OF MY FOSTER ANIMAL, AT SUCH TIME AS ISWMP DECIDES TO PLACE MY FOSTER ANIMAL FOR ADOPTION.
- IF AT ANY POINT I CAN NO LONGER, OR DO NOT WANT TO CONTINUE TO, PROVIDE CARE AND SHELTER FOR MY FOSTER ANIMAL, I AGREE TO CONTACT ISWMP AND ARRANGE FOR SURRENDER AND RETURN OF MY FOSTER ANIMAL BACK TO ISWMP
- I WILL NOT TRANSFER POSSESSION OR CUSTODY OF MY FOSTER ANIMAL TO ANY OTHER PERSON AT ANY TIME, EXCEPT FOR TEMPORARY, SHORT-TERM POSSESSION FOR THE PURPOSE OF VET CARE, GROOMING, ETC.
- I AGREE TO CONTACT ISWMP WITH ANY AND ALL QUESTIONS OR CONCERNS ABOUT MY FOSTER ANIMAL OR THE FOSTER CARE PROGRAM AS WELL AS WITH UPDATED CONTACT INFORMATION.
- I AGREE THAT IF I REFUSE OR FAIL TO COMPLY WITH ANY PROVISION OF THIS AGREEMENT, ISWMP HAS THE RIGHT TO TERMINATE THIS AGREEMENT AND ALSO HAS THE RIGHT TO THE IMMEDIATE SURRENDER AND RETURN OF MY FOSTER ANIMAL(S). I FURTHER CONSENT TO PROVIDE ISWMP ACCESS TO MY PREMISES IF NECESSARY TO FACILITATE THE RETURN.

I HAVE READ THIS APPLICATION AND AGREEMENT IN ITS ENTIRETY, AND I AGREE THAT ALL STATEMENTS AND AGREEMENTS CONTAINED IN THIS DOCUMENT ARE MADE BY ME AND ARE TRUTHFUL, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA.

SIGNATURE OF APPLICANT _____ DATE _____