



TO BE CONSIDERED FOR OUR FOSTER PROGRAM, PLEASE COMPLETE THIS APPLICATION AND EMAIL TO [ADOPT@ISWMP.ORG](mailto: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)

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

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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: \_\_\_\_\_

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HOW LONG HAVE YOU OWNED THEM AND HOW DID YOU OBTAIN THEM? \_\_\_\_\_

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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 UNDERSTAND THAT THE DOGS/ANIMALS IN GENERAL I WILL BE HANDLING WERE PREVIOUSLY UNWANTED OR LOST AND MAY BE RESCUED BY ISWMP FROM DANGEROUS, UNHEALTHY AND/OR CRUEL SITUATIONS. THIS CAN HAVE LONG-LASTING EFFECTS ON THE ANIMALS.
- 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.
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- 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.

## CONFIRMATIONS & AFFIRMATIONS (CONTINUED)

- 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.

ALL OF THE ABOVE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE. I AGREE TO FOLLOW ALL THE RULES AND PROCEDURES OF ISWMP.

I UNDERSTAND THAT ISWMP IS MAKING NO REPRESENTATIONS OR WARRANTIES ABOUT THE CONDITION, PERSONALITY, OR TEMPERAMENT OF ANY OF THE ANIMALS.

ISWMP WILL ONLY GIVE ME THE INFORMATION AND KNOWLEDGE ISWMP HAVE THROUGH OBSERVATION AND VET CHECKS SINCE ISWMP MET THE ANIMAL IN QUESTION: ***I WILL THEREFORE NOT HOLD ISWMP RESPONSIBLE FOR ANY DAMAGE, INJURY, OR HARM CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR PROPERTY BY ANY ANIMAL I MAY DECIDE TO VOLUNTEER MY TIME TO HELP.***

**ISWMP, AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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THANK YOU FOR VOLUNTEERING TO BECOME A FOSTER FOR ISWMP!  
ONE OF OUR REPRESENTATIVES SHOULD BE CONTACTING YOU SHORTLY AFTER RECEIVING YOUR APPLICATION.