

# Animal Welfare Association of Warren County

## Foster Home Application

Foster Home Coordinator (636) 297-0486  
www.petfinder.com/shelters/mo127/html  
E-Mail: [startingover@centurytel.net](mailto:startingover@centurytel.net)

After you have read the description of our [foster home program](#), please complete the questions below, sign, and return to *Animal Welfare Association of Warren County (AWA)* using one of the methods at the end of the form. Thank you for helping us with this greatest of rescue needs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Apt. #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone with Area Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Cell Phone w/Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Do you live in a house? \_\_\_\_\_ Apartment? \_\_\_\_\_ Condo? \_\_\_\_\_ Mobile Home? \_\_\_\_\_

Do you rent? \_\_\_\_\_ Own? \_\_\_\_\_

If you rent, do you have the landlord's permission to keep a dog? Yes  No

[Landlord's Name: \_\_\_\_\_; Phone Number: \_\_\_\_\_]

Do you have a yard? Yes  No  Is it fenced? Yes  No

What type of fencing? \_\_\_\_\_ chain \_\_\_\_\_ wood \_\_\_\_\_ other (please describe)

2. Is someone home during the day? \_\_\_\_\_ Please explain:

3. What provisions will be made for your foster dog/cat if nobody is home during the day?

Loose inside? \_\_\_\_\_ In crate? \_\_\_\_\_

4. Where will the dog sleep? Please explain:

5. During the last two years:

a) Have you lost a pet (not through death)? Yes  No

b) Have you had one poisoned? Yes  No

c) Have you had an animal killed by a vehicle? Yes  No

d) Have you had an animal die due to disease? Yes  No   
If yes, what did the animal die of?

6. Do you have children at home? Yes  No  Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

7. Do you have other pets at home? Yes  No  Number: \_\_\_\_\_ Ages(s): \_\_\_\_\_

If Yes, are the pets spayed/ neutered? Yes  No

If Yes, are the pets vaccinated and on heartworm preventative? Yes  No

If Yes, do your pets get along with other dogs? Yes  No

8. AWA will provide all medical care, heartworm and parasite preventative. AWA will also provide dog/puppy food; cat/kitten food and litter as appropriate. Are you prepared to assume the responsibilities of feeding, bathing, grooming, and caring for your rescue dog/cat, including emotional rehabilitation for a traumatized dog/cat?

Yes  No

9. Will you follow all veterinarian instructions provided and administer all prescription medications and H/W preventative to your foster?

Yes  No

10. Are you prepared to keep your foster crated if going through H/W treatment or other injury where crating is recommended?

Yes  No

11. Are you prepared to assume the responsibilities of contacting AWA coordinators for any medical emergencies? (For example, if a dog is going through Heartworm treatment and begins throwing up and becomes listless, this may be an emergency).

Yes  No

12. Do you agree that AWA Coordinators make all medical decisions for our program dogs?

Yes  No

13. Will you let AWA coordinators know if you are planning to take your foster out of town or state for family visits or recreation?

Yes  No

14. Though AWA does not knowingly accept vicious dogs into our program, we do not know the histories of many of our rescues. Are you prepared to contact AWA immediately if your foster dog bites anyone or injures another pet? Yes  No

15. Will you keep the dog confined in a fenced yard when let outdoors (if no fenced yard, please describe how dog will be confined), walk/exercise the dog regularly, and allow the dog indoors?

Yes  No

16. Do you understand that only AWA coordinators may place your foster in an adoptive home?

Yes  No

17. Foster parents are encouraged to maintain an 'aunt' or 'uncle' relationship with the dog/cat in their care; but it does occasionally happen that the foster parent and dog/cat bond so completely that adoption into this home is best for the dog/cat and family, which we would be happy to work with. Do you understand that if you wish to adopt your foster, you must complete the adoption papers and pay an adoption fee?

Yes  No

18. Are you willing to allow a *Animal Welfare Association* representative to visit your home by appointment?

Yes:  No:

19. Foster animals may be needed for prospective adoption appointments during the week. We typically schedule a time and meeting place convenient to all parties. Would you be willing to bring the animal to the appointment?

Yes:  No:

20. Name and phone number of your Vet:

\_\_\_\_\_

*I hereby authorize the veterinarian named herein to release information about me or my pet(s) to Animal Welfare Association. as necessary to evaluate this application.*

21. How did you hear about *Animal Welfare Association*?

- Internet Search \_\_\_\_\_
- Vet, Clinic, or Shelter Referral \_\_\_\_\_ (Name: \_\_\_\_\_)
- Another Rescue Group \_\_\_\_\_ (Name: \_\_\_\_\_)
- Friend/Neighbor \_\_\_\_\_
- Other \_\_\_\_\_ (please explain)

I am in full agreement with the *Animal Welfare Association Foster Care Responsibilities*. By signing below I am attesting to the truthfulness of my answers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please print, complete, and return to

Animal Welfare Association  
PO Box 122  
Warrenton MO 63383-0122

OR send as e-mail to: [startingover@centurytel.net](mailto:startingover@centurytel.net)