



ANIMAL WELFARE LEAGUE

OF CHARLOTTE COUNTY

3519 Drance Street, Port Charlotte, Florida 33980 (941) 625-6720 -www.awlshelter.org

FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

Full Name:			
Address:	City:	Zip:	
Phone:	Home: ()	Cell: ()	Work: ()
E-mail:			
Driver's License Number:			

What type(s) of animals you are interested in fostering:

- Adult dog(s) puppies puppies, mom (s) w/ litter(s)
 Adult cat(s) Kittens Kittens, mom (s) w/ litter(s)
 Other: _____

Have you fostered animals before: Yes No

If not, what experience have you had with animals that would be helpful in fostering? : _____

If yes, when and where? _____

Do you have any experience training and/or working with dogs with behavioral issues? :

No Yes, describe : _____

Do you live in a House Apartment Condo other: _____

Do you own your home? Yes No Air-Conditioned? Yes No

Do you have a fenced yard? No Yes, what height is it? _____

Are there any children in your household? No Yes, what are their ages? _____

Do any members of your household have allergies? No Yes

Are any members of your household disabled or have a medical condition? No Yes

Will you be able to keep the foster animals separate from your own if necessary? No Yes

Where do you plan to keep your foster animals? _____

How many hours per day will your foster animals be without adult care? _____

What will you do to find your foster animal if it becomes lost? _____

What pets have you had in the past, if any? _____

Where are they now? _____

Do you have any pets in your household now? No Yes, how many? _____
_____ what are their ages? _____

If dog(s) what breed(s) are they? _____

Are the dogs kept indoors, outdoors, or both? _____

If cat(s), are they kept indoors, outdoors, or both? _____

If cat(s), are they declawed? _____

Are they spayed or neutered? No Yes Are their vaccinations and licenses current? No Yes

Most recent veterinarian name? _____

How did you hear about the foster program? _____

Can you accept the fact that some animals will not survive or may have to be euthanized and that this decision is up to the Animal Welfare League of Charlotte County's staff? No Yes

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the AWL Staff?
 No Yes

I have answered the questions above truthfully and completely. I understand that although AWL takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which AWL has asked me to provide care. I indemnify and hold AWL free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Signature: _____ Date: _____

Print Name: _____ Date: _____