



SWAN VALLEY ANIMAL PROTECTION LEAGUE
FOSTER HOME APPLICATION

DATE: _____

APPLICANT INFORMATION:

Name: _____

(List names of all adults who will be responsible for care)

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

If renting include Landlord/Management Co's name and phone # _____

Email Address: _____

Secondary Email Address: _____

Phone # 1 - Home, Cell or Work (circle one) _____

Phone # 2 - Home, Cell or Work (circle one) _____

Phone # 3 - Home, Cell or Work (circle one) _____

REFERENCES: (First and Last Names - Non family references please)

Reference #1 Name: _____ Phone No: _____

Relationship to Reference: _____ Best time to call: _____

Reference #2 Name: _____ Phone No: _____

Relationship to Reference: _____ Best time to call: _____

DOG INFORMATION:

Please identify the type of dog(s) you would be comfortable / qualified / willing to foster
(circle all that apply):

Size: X-Small Small Medium Large X-Large
Age: Puppy Adult Senior Litters

Quantity: _____

Energy Level: Low Medium High

HOUSEHOLD INFORMATION:

Type of Dwelling:
(circle one)

Single family home Town-house Condo Trailer Apartment Multi-family home

Fence:

(circle one)

No Yes If yes, how high: _____

Setting:

(circle all that apply)

Rural Urban Wooded Open Acreage Waterfront

Highway frontage Property bordering highway

GENERAL INFORMATION:

Where will the dog be kept when home alone? _____

How many hours per day will the dog be at home alone? _____

Where will the dog sleep at night? _____

How will the dog be taken outside to go to the bathroom? _____

How will the dog be exercised? _____

How many hours per week will you exercise the dog? (Circle one) 0-4 hours 4-10 hours 10+ hours

Are there children in the household? If yes, please provide ages and explain the children(s) interaction with the pets including responsibilities of the child.

Are there other pets in the house? If yes, please detail the number, type, age and gender of pets and a description of their health. Are they up to date on their vaccinations and are they spayed or neutered?

Please provide any additional information you feel is relevant to fostering.

FOSTER HOME AGREEMENT

As a Foster Parent, I understand that:

Swan Valley Animal Protection League is the legal guardian of the dog until it is adopted and the Foster Committee will make all decisions determining its medical care and safety. I am responsible for the well being of the dog while it is under my care. This dog is the responsibility of the people in my household and I will not place it in the care of anyone else without the knowledge and consent of one of the Foster Committee Co-Chairs. Supplies are provided by Swan Valley Animal Protection League and I agree to return them once the dog in my care has been adopted. Transportation related to my foster dog is my responsibility, including vet appointments, supply pickup, etc. Additional items purchased will not be reimbursed unless authorized by the one of the Foster Committee Co-Chairs ahead of time. Should health concerns arise with the foster dog, or should they run away, I am to report it immediately to the Foster Committee Co-Chair.

Foster Home Applicant's Signature

Date

Foster Committee Co-Chair Signature

Date