



**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.

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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?

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

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**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