



The Washington  
**ANIMAL RESCUE LEAGUE**  
 71 Oglethorpe Street, NW, Washington, DC 20011  
 Phone 202-726-2556 Fax 202-726-1648

## Foster Application

Please be advised that all foster candidates must be at least 18 years of age and will be evaluated based on the information provided on the application as well as an interview, a vet check, a property check, and a home visit from a league staff member. Once an application is approved, foster families will be contacted about appropriate shelter animals needing foster care.

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

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list your preferred mode of contact for League staff as well as potential adopters. If it is by phone, please list the preferred contact number. \_\_\_\_\_

Do you currently: Rent \_\_\_ Own \_\_\_ Other (please explain) \_\_\_\_\_

Please be advised that if you rent your home, you may need special permission from your property manager/owner to house foster animals.

Landlord/Management Co. \_\_\_\_\_ Contact \_\_\_\_\_

Are you aware of any restrictions based on breed, size, or number of animals allowed at your residence? \_\_\_\_\_

How many people live at this address? Adults \_\_\_ Children \_\_\_ Ages of Children \_\_\_\_\_

**Please list all companion animals living in your home or those who have lived in your home in the last 7 years.**

Name	Type	Age	Animal Hospital(s) Used	How long with you?

Are the animals currently in your home spayed or neutered? Y \_\_\_ N \_\_\_

If you currently have pets, do your pets get along with other animals? Y \_\_\_ N \_\_\_ Sometimes \_\_\_  
 Please be specific: \_\_\_\_\_

Do you have any current or previous experience fostering animals? Y\_\_\_\_ N\_\_\_\_ If yes, please list types of animals and for what organization \_\_\_\_\_

Do you have experience training or working with animals with behavioral issues? Y\_\_\_\_ N\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have experience working with animals with medical issues or undergoing rehabilitation? Y\_\_\_\_ N\_\_\_\_ If yes, please explain \_\_\_\_\_

Where will the animal(s) be kept when you are home? \_\_\_\_\_

Where will the animal(s) be kept when you are away? \_\_\_\_\_

How long will the animal(s) be left alone during the day? \_\_\_\_\_

Where will the animal(s) sleep? \_\_\_\_\_

What types of animals are you interested in fostering? Please check all that apply		
	<i>Felines</i>	<i>Canines</i>
Mother with a nursing litter		
Newborns requiring bottle feeding		
Young and self-feeding		
Injured/Sick-may require medication or rehabilitation		
Under-socialized animals		
Animals needing training/enrichment		
One at a time		
More than one at a time		

How long can you keep a foster animal? \_\_\_\_\_

When would you like to start fostering? \_\_\_\_\_

I agree to not place the animal in the care of someone other than myself without the consent of WARL. I understand that cats and kittens in the custody of The Washington Animal Rescue League are indoor pets only and I agree to respect that decision. I also agree to call the Washington Animal Rescue League immediately should I have any problems with health or behavior. Please sign below to state that the information provided is true and complete and that you understand this agreement between yourself and the Washington Animal Rescue League.

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



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