



**Animal Rescue League**  
of Berks County, Inc.



A Foster Program for the Animal Rescue League  
of Berks County, Inc.

## FOSTER APPLICATION

### ABOUT YOU

Name: \_\_\_\_\_ Partner/Roommate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Schedule: \_\_\_\_\_

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

Do you:      Own your home      Rent Your Home      Landlord's Name & Phone # \_\_\_\_\_

Do you have a fenced in yard?      Y      N      Are you able to take & email photos:      Y      N

Please list one reference who is not related to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### ABOUT YOUR FAMILY Please provide the following information about children in your home:

Name	Age	Sex
		M F
		M F
		M F
		M F
		M F

### ABOUT YOUR PETS Please provide the following information about your current pets:

Name	Species/Breed	Sex	Years Owned	Altered?
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N

We will call your veterinarian to confirm that your pets are up-to-date on vaccines.

Veterinarian: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

If your pets are not current on vaccinations, please tell us why: \_\_\_\_\_

Please list any physical problems or special needs of the animal in your home: \_\_\_\_\_

Do your dogs get along with:      Male Dogs      Female Dogs      Small Dogs      Large Dogs

Do your cats get along with:      Male Cats      Female Cats

**ABOUT YOUR FOSTER PETS**

Why do you want to become a foster parent? \_\_\_\_\_

I/we am willing to foster: (please check all that apply)

**Dogs**

Any Size	Small (up to 20 lbs)	Medium (20lbs - 60lbs)	Large (61 lbs +)
Any Sex	Male	Female	
Any Kind	Puppy (under 12 months)	Pregnant Dog	Dog & Puppies
	Seniors Dogs requiring medical care	Special Needs (blind/deaf/allergies/etc)	
Are you willing to foster more than one dog at a time?	Y	N	If so, how many? _____

**Cats**

Any Age	Kittens (under 8 weeks of age)	Kittens (2-12 months)	Adult Cat	Senior Cat
De-clawed cat only	Y	N		
Any Kind	Surgery Recovery	Special Needs (blind/deaf/allergies/etc)		
Are you willing to foster more than one cat at a time?	Y	N	If so, how many? _____	

Please check the following areas where you have experience so that we can place an appropriate animal with you. It is not necessary to have experience in any/all of these areas.

Crate Training	House Training	Obedience Training	Leash Training	Socialization
Separation Anxiety	Puppy Mill Dogs	Guarding Behaviors	Bottle Feeding	

Are you willing to work on basic obedience and/or socializing issues with your foster pet if a problem arises? Y N

Who will be the primary caretaker of the animal? \_\_\_\_\_

How many hours will your foster pet be alone? \_\_\_\_\_

Where will your foster be when you are not home? \_\_\_\_\_

How do you plan to make sure your foster dog receives adequate exercise? \_\_\_\_\_

By signing below you are confirming that the information above is true and accurate and that you are willing to abide by all Pennsylvania animal control laws with regards to your foster dog. You agree to a home visit by an Animal Rescue League of Berks County staff member and to always act in the best interests of your foster animal and to remember that by fostering, you are a representative of the Animal Rescue League of Berks County and will act accordingly.

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

Partner/Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Status: \_\_\_\_\_