



Allegany County Animal Shelter
716 Furnace Street
Cumberland, MD 21502
301-777-5930

FOSTER APPLICATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

E-mail Address: _____

YES NO

Are you over 18 years of age? YES NO

Do you own your own home? YES NO

If you rent, we must have a letter from your landlord stating you are allowed to have pets.

List other adults living in your home, along with their phone numbers:

Full Name: _____ Phone #: () _____
Last First M.I.

Full Name: _____ Phone #: () _____
Last First M.I.

List any children living in your home, along with their ages:

Full Name: _____ Age _____
Last First M.I.

Full Name: _____ Age _____
Last First M.I.

Full Name: _____ Age _____
Last First M.I.

Where will your foster animal be kept? _____

Who will be the primary caregiver? _____

List other pets in the household:

Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

YES NO

Are these animals current on shots? YES NO

We will need proof of current vaccinations before fostering.

Are these animals spayed or neutered? YES NO

List your vet's name and phone number:

Vet: _____ Phone # (____) _____

YES NO

Have you or any member of your household ever been cited for violation of any Animal Control Laws? YES NO

If yes, please explain. _____

Why do you want to foster? _____

I agree to a pre-fostering home visit as well as home visits while I am fostering: YES NO

YES NO

I understand that the Allegany County Animal Shelter will handle and approve all adoptions: YES NO

YES NO

I agree to either let prospective adopters visit the fostered animal in my home or at the Allegany County Animal Shelter: YES NO

YES NO

YES NO

I understand that while the Allegany County Animal Shelter will be responsible for vet costs I am responsible for taking the animal to the vets and for administering any medications as necessary and providing post-surgical care as necessary: YES NO

YES NO

YES NO

I understand that my vet will be contacted about the care my current animals receive: YES NO

YES NO

YES NO

I understand that I must return the animal to the Allegany County Animal Shelter if I can no longer care for it for any reason: YES NO

YES NO

YES NO

I agree to provide adequate food, water and attention for the foster animal in my care: YES NO

YES NO

YES NO

I understand that if the foster animal in my care should become ill, run away, get lost or die I must notify the Allegany County Animal Shelter immediately: YES NO

YES NO

YES NO

I prefer to foster a: Dog Male Female Cat Male Female

If I foster a cat, I understand it must be kept inside: YES NO

YES NO

YES NO

If I foster a dog, I understand it must be in a secure fenced-in area or on a leash when outside: YES NO

YES NO

YES NO

Please list any requirements for fostering (time limits, age or size of animal, etc.): _____

I certify that I understand the terms and conditions of the fostering agreement and that I have answered the questions truthfully. Non-adherence to this agreement will necessitate immediate return of the animal in my care and will prevent me from fostering in the future.

Signature: _____ Date: _____

Animal Shelter Staff: _____ Date: _____

Approved: YES NO By: _____ Date: _____
 YES NO

If not approved, list reason(s): _____