

# Foster Care Application



We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals. Please ensure that ALL sections of this application have been filled out so that we may better serve you. All information provided is confidential.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

If you rent, Landlord Name & Phone #:

Do you have a Facebook account? Yes No Name on FB \_\_\_\_\_

Do you live with children under the age of 10? Yes No

Would you be able to transport your animal for routine follow ups and/or emergencies? Yes No

Will you be able to keep the foster animal(s) separate from your own pets for at least 2 weeks? Yes No

Have you fostered animals before? Yes No

Type(s) of animals you are interested in fostering? (Check all that apply):

Adult CATS \_\_\_\_ Adult DOGS \_\_\_\_

Kittens under 8 weeks/orphaned but eating \_\_\_\_ Puppies under 8 weeks/orphaned but eating \_\_\_\_

Nursing moms and kittens \_\_\_\_ Nursing moms and puppies \_\_\_\_

Bottle baby kittens \_\_\_\_ Bottle baby puppies \_\_\_\_

Short term foster cat/kitten \_\_\_\_ Short term foster dog/puppy \_\_\_\_

Please list **all current** pets

Are all of your current pets up to date on vaccines? Yes No

Are all of your pets spayed or neutered? Yes No

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Please review the following statements and circle yes or no:

Funds and resources are limited for medical issues. Do you understand that some animals may not survive their injury or illness or may have to be euthanized? This decision will be made by the BARCS supervisory staff as necessary.

Yes    No

Do you understand that some animals may need to be euthanized if their behavior is deemed unsafe? This decision will be made by the BARCS supervisory staff as necessary.

Yes    No

Do you understand that animals in foster care will need medical follow up at BARCS and agree to follow the terms and protocols set forth by the medical staff at the shelter (for illness and routine vaccinations)?

Yes    No

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard BARCS adoption process and that approval of an adoptive candidate and placement of animals is determined by BARCS staff?

Yes    No

BARCS asks that foster provide basic care items such as food, litter, formula. Are you able to do that?

Yes    No

I have answered the questions above truthfully and completely. I understand that although BARCS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which BARCS has asked me to provide care. I indemnify and hold BARCS free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

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Signature

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Date

Email application to (preferred): [foster.barcs@gmail.com](mailto:foster.barcs@gmail.com)  
Fax application to: 410.783.6266 ATTN: Foster Department

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## Office use only:

Approval checklist:

\_\_\_\_\_ Check Jurisdiction on property search

\_\_\_\_\_ Check that ID matched address on application

\_\_\_\_\_ CSR or AC Verification

\_\_\_\_\_ Check Petpoint DNA

Foster blurb/FAQ Sent Date:

Approved: Yes    No                      Staff Initials:

Approval: Emailed / Called /On-site    Date:

Comments: