

ALLEGANY COUNTY ANIMAL SHELTER

Semester Foster Application

Foster Information

Name:		
Date of birth:	Cell Phone:	Phone:
Current address:		
City:	State:	ZIP Code:
NOTE: You must be an off-campus resident to qualify as a foster for ACAS & must provide written permission from your landlord.		
Permanent address:		
City:	State:	ZIP Code:
How long?	Email:	

List Other Pets in the Household

Name:	Species:
Name:	Species:

Proof of rabies vaccination for these animals must be provided.

Are these animals spayed/neutered? Yes ☐ No ☐

Background Information

Have you ever been cited for violation of any Animal Control Laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:	
I agree to a pre-fostering home visit as well as home visits while I foster.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand the Allegany Co. Animal Shelter will handle & approve all adoptions.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to visits with prospective adopters either in my home or at the shelter.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand I must return the animal to the shelter if I can no longer care for it.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to provide adequate food, water and attention for the foster animal in my care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If I foster a cat, I understand it must be kept inside.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If I foster a dog, I understand it must be in a secure fenced-in area or on a leash when outside.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to return the foster animal to the Shelter at the end of the semester.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Individuals Living in the Residence

Name:		
Date of birth:	Cell Phone:	Phone:
Current address:		
City:	State:	ZIP Code:
Name:		
Date of birth:	Cell Phone:	Phone:
Current address:		
City:	State:	ZIP Code:

Signature:

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:
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For Shelter Use Only:

Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Animal Shelter Staff: _____ Date: _____