



St. Francis Humane Association

P. O. Box 73622
Richmond, VA 23235
Phone: 804-598-6636

Foster Application

Thank you for your interest in fostering with St. Francis Humane Association! We are an all-volunteer organization committed to finding permanent, responsible, and loving homes for animals, while working to prevent cruelty, relieve suffering, and to promote responsible pet ownership and humane treatment of all animals.

Please fill out this application completely. Upon receipt of your completed application, an SFHA representative will contact you to arrange a meeting and/or home visit.

First Name: _____ MI: ____ Last Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Are you over 18? Yes ___ No ___

Housing (Please check all that apply.):

Own ___ Rent ___ Live with parents ___ Military ___ Student ___ Apartment ___ House ___

Mobile Home ___ Condo/Townhouse ___

If renting, give name and phone number of landlord: _____

Does your lease allow pets? Yes ___ No ___ Don't Know ___

Does your lease limit the number of pets living in your home? Yes ___ No ___ Don't Know ___

If so, what is the maximum number of pets allowed by your lease? _____

SFHA must receive written permission from your landlord before you can be approved for fostering.

Number of adults in your home: ____ Number of children and ages: _____

Are all adults in your home aware of and agreeable to fostering a pet? Yes ___ No ___

Who will be the primary caregiver of this pet? _____

Where will the foster pet be kept in your home? _____

(Dogs only) Do you have a yard? Yes ___ No ___ Is it fenced? Yes ___ No ___

Does anyone in your home have asthma or pet allergies? Yes ___ No ___

Do you have other pet(s) now? Yes ___ No ___ If yes, please tells us about them:

Type Pet	Name	Age	Sex	Spayed or Neutered?	Is the pet vaccinated and currently on flea preventative?	Where does the pet stay (Indoors only, in/out, outside only)?

Who is your current or previous veterinarian?

Name: _____ Phone number: _____

Have you had pets before that are no longer with you? Yes ___ No ___

What kind of pet? _____ How many? _____

What happened to that/those pets? _____

Have you ever returned or surrendered a pet through a humane society or animal shelter? _____

If so, type of pet: _____ Name of Shelter: _____

Reason for Surrender: _____

Have you ever been reported to animal control or had an animal removed from your care? _____

If yes, please explain the circumstances and the outcome: _____

References (Please list someone outside your home):

Name: _____ Phone No.: _____ Relationship to You: _____

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Name: _____ Phone No.: _____ Relationship to You: _____

By signing below, I certify that all the above information is true and I recognize that any misrepresentation of facts may result in loss of my fostering privileges.

I authorize verification of all statements in this application with the listed veterinarian, references and landlord.

The code of Virginia, (section 3.1796.92:2) states: "each animal shelter shall obtain a signed statement for each of its directors, operators, staff, and animal care givers specifying that the individual has never been convicted of animal cruelty, neglect, or abandonment and each animal shelter shall update each such statement as changes occur."

By signing below, I am indicating that I have not been convicted of animal cruelty, neglect, or abandonment, and that I agree to update my statement as changes occur.

Keep in mind, fostering is a commitment much like adopting a pet. Fosters are responsible for basic care and socialization of pets in their care. I fully understand that SFHA makes no guarantees whatsoever as to the temperament, mental disposition and training of the animal(s) and understand that SFHA makes no representations or guarantees about any animal's temperament and that any comment that an animal may be good with children or other animals or is housebroken is based upon information provided by previous owners and not a guarantee. If at any time you are unable to continue to foster a pet through SFHA, you agree to contact and return that pet to SFHA.

Signature of Applicant

Date

For SFHA Representative Use:

Interviewed by: (SFHA Representative): _____

Date of Home Visit: _____

Recommendations: _____

Pet(s) Assigned for Foster: _____

Start Date of Foster: _____ End Date of Foster: _____