



**St. Francis Humane  
Association**

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

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**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.

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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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

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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: \_\_\_\_\_