

**FOSTER CARE PROVIDER APPLICATION**  
**Frederick County Animal Control Division**  
**1832 Rosemont Avenue**  
**Frederick, Maryland 21702**  
**301-600-1546**

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

Type of dwelling in which you reside:

Single family home \_\_\_\_\_ Townhouse \_\_\_\_\_ Duplex \_\_\_\_\_ Condo \_\_\_\_\_  
Apartment \_\_\_\_\_ Trailer \_\_\_\_\_ Farm \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with Parents \_\_\_\_\_ Other \_\_\_\_\_  
*(Please explain)*

If you rent, please provide your landlord's name and phone number:

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Number of people living in the home \_\_\_\_\_ Ages of those under 18 years \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how high and what type of fence? \_\_\_\_\_

Does everyone in the household agree with doing foster care? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, who objects and why? \_\_\_\_\_

Does anyone in the household have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Why do you want to do foster care? \_\_\_\_\_

What types of animals are you interested in fostering?

\_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Sick \_\_\_\_\_ Injured  
\_\_\_\_\_ Cats with kittens \_\_\_\_\_ Dogs with puppies \_\_\_\_\_ Newborn \_\_\_\_\_ Elderly  
\_\_\_\_\_ Kittens \_\_\_\_\_ Puppies  
\_\_\_\_\_ Other \_\_\_\_\_

Please list your **CURRENT** pets

NAME	TYPE OF PET	BREED	AGE	GENDER / ALTERED	WHERE DOES YOUR PET STAY? INSIDE, OUTSIDE OR BOTH	TIMED OWNED

Please list your **PREVIOUS** pets

NAME	BREED	AGE	GENDER	ALTERED?	WHERE ACQUIRED	WHAT HAPPENED?

Are your current pets up to date on vaccinations? Yes \_\_\_ No \_\_\_

If you have cats, have they been tested for Feline Leukemia and FIV? Yes \_\_\_ No \_\_\_

Who is your veterinarian and phone number? \_\_\_\_\_

Have you ever fostered an animal before? Yes \_\_\_ No \_\_\_

If yes, from which shelter / rescue? \_\_\_\_\_

Have you ever cared for sick or injured animals? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

Have you ever cared for animals recovering from surgery? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

Have you ever medicated animals? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

Have you ever cared for newborn animals? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Where do you plan to keep your foster animals? \_\_\_\_\_  
\_\_\_\_\_

How many hours a day will no one be home? \_\_\_\_\_

Are there any special circumstances or limitations to your ability to do foster care? \_\_\_\_\_  
\_\_\_\_\_

What will happen to your foster animal(s) if you go on vacation? \_\_\_\_\_  
\_\_\_\_\_

Are you willing to provide basic necessities such as food, litter, bowls, crates, toys, etc?  
Please describe \_\_\_\_\_  
\_\_\_\_\_

Are you willing to attend training sessions for Foster Care? Yes \_\_\_\_ No \_\_\_\_

Are you willing to take your foster animal(s) to approved satellite adoptions?

Yes \_\_\_\_ No \_\_\_\_

Do you understand that an informational home visit will be conducted as part of the  
foster care approval process? Yes \_\_\_\_ No \_\_\_\_

Would you object to having someone from the Shelter check on foster animals in your  
care and removing them if so warranted? Yes \_\_\_\_ No \_\_\_\_

Do you understand that if your foster animals require veterinary attention you must have  
prior approval before taking them to the veterinarian? Yes \_\_\_\_ No \_\_\_\_

Do you understand that you may not return your foster animals to the Shelter unless  
asked to do so? Yes \_\_\_\_ No \_\_\_\_

Do you agree to follow all Foster Care Policies and Procedures? Yes \_\_\_\_ No \_\_\_\_

Do you understand that foster animals are owned by Frederick County Animal Control  
and **must** be adopted through Frederick County Animal Control and that they may not be  
given to anyone prior to the completion of the full adoption process? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Foster Care Provider Signature

\_\_\_\_\_  
Date

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

