



BALTIMORE ANIMAL RESCUE & CARE SHELTER, INC.

NOTE TO ALL IN SHELTER APPLICANTS: Please remove the attached FAQ sheet and review. Contact us via email at foster.barcs@gmail.com if you would like to proceed with fostering!

FOSTER CARE APPLICATION

Revised 10.17.16

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:	
City, State & Zip Code:						County:	
Email:							
Phone #:		Home:			Cell:		
Date of Birth:				Driver's License #:			State Issued:
Do you rent?		If yes, Landlord Name & Phone #:					
Do you have any restrictions on number of animals, size, or breed from your landlord, homeowners association, or insurance company?		No		Yes, please explain:			
Type of home:	Detached	Town/Rowhouse		Apartment/Condo		Other:	
Previous Address (if less than 2 years):							
City, State & Zip Code:							
Place of employment (Company Name – used for grant purposes)?							

Question:	Yes	No	Additional Comments:
Do you have a Facebook account?			Alias?:
If you do not have a Facebook account, are you willing to open one?			
Do you have a fenced yard?			Height:
Are there any children in your household?			Ages:
Do any members of your family have pet allergies?			If yes, explain:
Will any other household members assist you with your foster duties?			Relationship (ie. spouse, child, roommate):
Will you be able to keep the foster animal(s) separate from your own pets for at least 2 weeks?			
Do you have any limitations on transportation in case of emergency? (shared car, Zipcar, public transit, Uber, or religious restrictions, etc.)			If yes, explain:

Where did you hear about our foster program? _____

Where do you plan to keep your foster animal(s)? _____

How many hours per day will your foster animal(s) be without care? _____

What is your typical work schedule? _____

What measures will you take to ensure your foster animal(s) is/are not lost? _____

When can you begin fostering?

Immediately		At some undetermined time in the future		After the following date:	
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Have you fostered animals before?

Yes		No	
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If yes, what organization(s) have you fostered for in the past? _____

If no, what experiences have you had with animals that would be helpful in fostering? _____

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

Cats over 6 months		Over 6 months	
Kittens under 6 months		Under 6 months	
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*	
Medical needs cats/kittens**		Medical needs dogs/puppies**	
Temp foster cat/kitten (events/adopted)***		Temp foster dog/puppy(events/adopted)***	
Store queue cats****		Small, medium, or large dogs?	

* Bottle baby kittens and puppies will need to be fed every 2-3 hours until the animal is weaned.

** Medical needs can refer to a number of issues and vary from one animal to another. Medical needs may require more frequent visits to the shelter or partnering vets for follow up.

*** Some animals may be sent to foster to accommodate large scale adoption events while others may be adopted but too sick for alteration surgery. Help may also be needed for other fosters who are going out of town.

**** BARCS currently has several offsite store adoption centers. Store queue cats will need to be in a foster home for approximately 2 weeks prior to placement in a store. This can be dependent upon availability in the store.

I want to foster ~ (Check all that apply)

<input type="checkbox"/>	To help animals in need and save lives.
<input type="checkbox"/>	Because I love animals and want to help in any way possible.
<input type="checkbox"/>	Because I already have enough pets, but want to help others in need.
<input type="checkbox"/>	To find a new pet to join my family.
<input type="checkbox"/>	To see if an animal will be a fit with my existing pets.
<input type="checkbox"/>	Because I'm thinking about getting a new pet and want to see if I'm ready.
<input type="checkbox"/>	Because I currently volunteer at BARCS and want to help more.
<input type="checkbox"/>	Because I want to help a particular animal. Animal Name: _____
<input type="checkbox"/>	Other, please explain: _____

Vet Name:	
Vet Phone #:	
I currently do not have a veterinarian.	

Please list ALL PAST pets.

Name	Breed (Cat/Dog/Other)	How long did you have the animal?	Outcome – please provide details	Was the animal spayed/neutered? (yes/no)

Please review the following statements and answer:

	Yes	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.		
Funds and resources are limited for behavioral issues. Do you understand that some animals may need to be euthanized if their behavior is deemed unmanageable? This decision will be made by the BARCS supervisory staff as necessary.		
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)?		
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?		
Do you agree to attend at least one adoption event a month once your foster animal is of age and/or healthy in order to help him/her get adopted?		

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.

Signature _____

Date _____

Return application to:
BARCS

Attn: Foster Program Coordinator
301 Stockholm Street
Baltimore, MD 21230

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

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: _____

Appointment Scheduled Date: _____

Approved: Yes No Staff Initials: _____

Approval: Emailed / Called /On site Date: _____

Comments: _____
