



## Dog Foster Care Volunteer Application

### PERSONAL INFORMATION (Please print):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### HOUSEHOLD INFORMATION:

#### How many people are in your household?

Adults over the age of 21 (including self): \_\_\_\_\_ Ages: \_\_\_\_\_ Children (under 21): \_\_\_\_\_ Ages: \_\_\_\_\_

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

If yes, who? \_\_\_\_\_

**Do you live in:** HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

**Do you:** OWN RENT How long have you been at this address? \_\_\_\_\_

Please list all of your current pets:

Dog or Cat	Breed	Name	Age	Male or Female	Spay or Neutered	How long owned?

Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of fostering animals with your veterinarian.

Who will be the primary caretaker of your foster dog(s)? \_\_\_\_\_

Describe your yard:

\_\_\_\_\_ No yard \_\_\_\_\_ Yard not fenced \_\_\_\_\_ Fenced yard, height of fence: \_\_\_\_\_

Foster dogs and puppies must be supervised at all times when outdoors.

If you don't have a fenced yard, do you agree to keep your foster dog on leash at all times outside? \_\_\_\_\_ Yes \_\_\_\_\_ No

How would you describe your level of experience with dogs? *check all that apply*

- \_\_\_\_\_ Never had a dog
- \_\_\_\_\_ Had one or more as an adult
- \_\_\_\_\_ Have experience working with ongoing medical problems with a personal dog
- \_\_\_\_\_ Have experience working at a boarding kennel/resort/pet sitting service etc.,
- \_\_\_\_\_ Have experience working with behavioral problems with a personal dog
- \_\_\_\_\_ Have experience working in a veterinary hospital
- \_\_\_\_\_ Am a professional dog trainer
- \_\_\_\_\_ Have previous foster/rescue experience, if yes, please describe: \_\_\_\_\_
- \_\_\_\_\_ Had childhood pet dog
- \_\_\_\_\_ Have experience with powerful breeds

Do you have experience with: \_\_\_\_\_ small dogs \_\_\_\_\_ medium dogs \_\_\_\_\_ large dogs

List experience with specific breeds: \_\_\_\_\_

What types of dog are you interested in fostering? *Check all that apply*

- \_\_\_\_\_ Adult dog
- \_\_\_\_\_ Sick dog/puppy
- \_\_\_\_\_ Dog with behavioral issues
- \_\_\_\_\_ Pit Bull/Bully breeds
- \_\_\_\_\_ Puppies
- \_\_\_\_\_ Injured dog/puppy
- \_\_\_\_\_ Long-term hospice care

What situations do you feel unprepared for?

- \_\_\_\_\_ excessive barking
- \_\_\_\_\_ digging
- \_\_\_\_\_ shy, fearful or under socialized
- \_\_\_\_\_ not good with small animals/cats
- \_\_\_\_\_ provide ongoing training
- \_\_\_\_\_ destructive chewing
- \_\_\_\_\_ escaping
- \_\_\_\_\_ not good with children
- \_\_\_\_\_ scratching/nipping
- \_\_\_\_\_ high energy
- \_\_\_\_\_ not house trained
- \_\_\_\_\_ food/toy guarding
- \_\_\_\_\_ not good with other dogs
- \_\_\_\_\_ on medication
- \_\_\_\_\_ blind/deaf

Please tell us anything else you would like us to know to help match you up with the right foster animal:

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**Please read the following carefully:**

Friends of BCAS will require you to go fill out a foster application prior to being accepted as a foster parent. Friends of BCAS foster care volunteers may always refuse any specific request for any reason. Friends of BCAS will inform you of any medical treatments to be administered, the objectives of each particular placement (restoring to health, care until adoptable age, socialization, etc.) and any other restrictions or expectations we may have.

You will be expected to keep the animal safe and secure, return it to Friends of BCAS when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. Friends of BCAS retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption & placement of the animals fostered.

Unless otherwise arranged, the foster parent is responsible for providing all food, litter, bedding, and toys for the animal while it is in their care at home. The foster parent is responsible for transporting the animals to and from veterinary appointments, behavior evaluations, vaccinations, etc., The foster parent may also be responsible for transporting the animal to and from adoption events, and to off-site training classes, at the Dog Foster Coordinator’s discretion.

**Medical Emergencies and Treatment:** Dogs that require medical emergency while in your care should be taken to an area animal hospital. Mount Laurel Animal Hospital is our preferred provider if emergency treatment is necessary. Please contact the Dog Foster Coordinator in the event of an emergency. Approval from the Dog Foster Coordinator is required for veterinary visit and/or treatment. Friends of BCAS will determine which of our veterinary partners you will use. Friends of BCAS will be responsible for the costs incurred if we are contacted prior to emergencies, vet visits and/or treatment. **Do not take a foster dog to a vet without prior authorization. If Dog Foster Coordinator does not authorize the vet visit, the foster volunteer is personally responsible for the cost.**

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Friends of BCAS takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals’ health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which Friends of BCAS has asked me to provide care. I acknowledge that Friends of BCAS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

**Return Application to:**

Friends of Burlington County Animal Shelter  
Attn: Dog Foster Care Program  
3111 Route 38, Suite 11 #238  
Mount Laurel, NJ 08054  
856-533-0464

**Email:** [friendsofbcas.org@gmail.com](mailto:friendsofbcas.org@gmail.com)