

Foster Application



Animal Welfare League
of Queen Anne's County

Your Full Name _____

DOB _____ Today's Date _____

Address _____

City, State, Zip _____

Contact Telephone _____

Contact Email _____

Emergency/Parent (if minor) Contact _____

Relationship _____

Contact Phone _____

Tell us about your Family:

List names and ages of all other household members:

List all other household animal members:

Name	Breed	Age	Gender	Spayed/Neutered	Date of Vaccination:

Name or type of animal you are interested in fostering:

How long will this animal be left alone at one time?

Where will he/she stay during this time alone?

Tell us about your Home:

Is your residence a: House Apartment Condo/Townhome
Mobile Home

201 Clay Drive
Queenstown, MD 21658
410-827-7178
www.awlqac.org

How long have you lived at this residence? _____

*If less than 2 years, please give prior address: _____

Do you have a backyard? YES NO If yes, is it fenced by at least a 6' fence? YES NO

Do you OWN or RENT? If you rent, does the Landlord allow pets? YES NO

If rent, please list name and contact telephone number for landlord:

Please provide a copy of your current lease agreement.

Tell us about your Veterinarian:

Name/Phone of current Vet: _____

Name and phone of past Vet (5 years past): _____

Why do you want to foster with Animal Welfare League of QAC?

Have you ever fostered or been employed with any other animal related organizations?

YES NO

If yes, whom:

Are there any types of animals that you are uncomfortable with or unwilling to handle?

YES NO

If yes, describe:

Are there any personal or professional experiences that would make you a great AWLQAC foster?

First Name _____

Last Name _____

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As a prospective AWL foster, we are delighted for your interest. We have many fosters who work to improve the quality of life of animals in Queen Anne's County. Fostering with AWL can be a rewarding experience. Please read through the animal opportunities and select the ones that you are interested in. All fosters must attend orientation prior to fostering, and then your name will go on a contact list for the animals you selected below. Orientations are limited to 20 people and are assigned on a first-come, first-served basis. Once we receive your application we will contact you about the next available orientation.

Pregnant and nursing moms and pups

Medical needs dogs

Pregnant and nursing moms and kittens

Medical needs cats

Puppies under 8 weeks

Behavioral needs dogs

Kittens under 8 weeks

Behavioral needs cats

Dogs under 6 months

Birds

Cats under 6 months

Small Mammals

Dogs over 6 months

Reptiles

Cats over 6 months

Other Animals

Email is the official form of foster communication, so check your email often for activities and opportunities.

On behalf of the Board of Directors, staff and animals, thank you for your interest!

* please note only individuals aged 18 and older are allowed to handle adult dogs and enter the kennel

** this is the best way for volunteers under 18 to be an asset to our team

First Name _____ Last Name _____

Group (if applicable): _____

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Volunteer Agreement, Release & Wavier

Foster Agreement

As a Foster for Animal Welfare League of QAC, I agree to the following terms and conditions:

1. I agree to abide by the mission, rules, regulations, policies, and programs of AWLQAC at all times while serving as a foster.
2. I will treat animals and the general public in a positive, polite, and professional manner.
3. I have accurately and truthfully completed the Foster Application and Agreement to the best of my knowledge.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if less than 18 years of age)

Foster Release and Wavier

I understand that AWLQAC requires that I keep current my tetanus immunization. I further understand that AWLQAC recommends that any dogs and cats that I live with should be immunized by my veterinarian, if not already done so.

I hereby acknowledge and recognize the possible risk in working with animals and that it can lead to serious injury. I hereby understand and assume the responsibility of any and all liability and risk volunteering at AWLQAC. I hereby waive and release AWLQAC, its agents and representatives, from any and all claims which may accrue to me, my heirs, guardians, administrators, executors, or assignees, including my attorney's fees and court (collecting cost "claims") arising out of, or in connection with being a volunteer. I also grant permission to the AWLQAC and its authorized agents to use my name, image, and any other record of my participation.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if less than 18 years of age)