



# FAIRFAX COUNTY ANIMAL SHELTER

4500 West Ox Road  
Fairfax, VA 22030  
Phone: (703) 830-1100  
Fax: (703) 830-0318

Email: [asdvolunteer@fairfaxcounty.gov](mailto:asdvolunteer@fairfaxcounty.gov)  
Website: [www.fairfaxcounty.gov/police/animalservices](http://www.fairfaxcounty.gov/police/animalservices)

## Foster Parent Application

Thank you for your interest in volunteering for the Fairfax County Animal Shelter as a foster parent! Volunteer foster care providers are an essential part of the shelter team and make it possible for more lives to be saved.

### Please note:

1. Those interested in fostering must be at least 21 years old.
2. The shelter **does not** have a foster to adopt program.
3. Not all individuals who apply are accepted as foster care providers.

### Application Process:

Applications for fostering are processed on an ongoing basis. After your completed application is received and the background check has been completed, you will be contacted by the Foster Program Manager for a phone interview and to discuss the basic policies regarding the program. The final step in the process is the completion of a home visit by the Foster Program Manager or another member of the Fairfax County Animal Shelter.

## Section I – Personal Information

Full Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
*Last First M.I.*

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email address (*required*): \_\_\_\_\_

Are you: (circle one)    Employed    Not Employed    Retired    College Student

List your occupation and employer OR your school: \_\_\_\_\_

Please list any restrictions that could affect your ability and/or availability to participate as a volunteer foster parent, including medical, physical and scheduling limitations.

Have you ever been charged with or convicted of a crime?                      YES                      NO

If yes, explain: \_\_\_\_\_

Do you own or rent your home? (circle one)                      Own                      Rent

Is your home\* (circle one):    Single Family                      Townhouse                      Condominium                      Apartment

\*If you are renting, you must provide a copy of your lease showing any pet restrictions as well as receipt of payment of any required pet deposit.

Please list any previous foster experience: \_\_\_\_\_

Are you a member of a rescue or humane organization that would help you in your rescue role? \_\_\_\_\_

Besides a love for animals, why are you interested in fostering? \_\_\_\_\_

### This section for animal shelter use only

Received:	MI:	BC Date:	P <input type="checkbox"/> or F <input type="checkbox"/>	Manual: Y <input type="checkbox"/> or N <input type="checkbox"/>
Home Visit Date:		P <input type="checkbox"/> or F <input type="checkbox"/>		

## Section II – Interests & Availability

Have you ever been charged with or convicted of animal cruelty, neglect or abandonment? YES NO

If yes, please explain. \_\_\_\_\_

Who will participate in caring for the fosters besides you? \_\_\_\_\_

When are you available to foster for the shelter? (circle one) Summers only All year Other: \_\_\_\_\_

Are you currently fostering for any other animal rescues or organizations? If yes, please specify. \_\_\_\_\_

We have lots of foster opportunities with a wide variety of animals. Please indicate your areas of interest.  
Training can be provided if your area of interest is an area you do not have previous experience with.

- Kittens without the mother cat:** Provide foster care for a single kitten or litter of kittens until the kittens are old enough for adoption (typically at 2.2 pounds).
- Pregnant cat/Mother cat with kittens:** Provide foster care for a mother cat during pregnancy (if applicable) and through the weaning process. Continue to provide foster care for the mother cat and kittens until the kittens are old enough for adoption (typically at 2.2 pounds). Continue to care for the mother cat for additional five or more days until the mother cat has stopped lactating.
- Kittens without the mother cat requiring bottle-feeding:** Provide foster care for a young litter of kittens without the mother cat, requiring bottle-feeding, until the kittens are old enough to be moved to a non-bottle home (4 weeks) or put up for adoption (typically at 2.2 pounds).
- Adult cat:** Provide foster care for an adult cat.
- Special needs cat:** Cats needing medical or behavior rehab outside of the shelter. (e.g. blind, deaf, post surgical recovery, etc.)
- Puppies:** Provide care for dogs less than 6 months of age including house training, curbing mouthy behavior, leash training and socialization.
- Dog:** Provide foster care for dogs that need a little extra socialization.
- Special needs dog:** Dogs needing medical or behavioral rehab outside of shelter. (e.g. blind, deaf, post surgical recover, respiratory illness, etc.)
- Reptiles:** Provide care and feeding for aquatic turtles, small snakes or other reptiles. Please specify which types you feel comfortable handling or have experience with.
- Rabbit:** Provide care until ready for adoption.
- Guinea Pig:** Provide care until ready for adoption.
- Small mammals – Ferret / Rat / Mouse / Hamster / Gerbil / Chinchilla**  
(circle those you are willing to foster)

### Section III – Other Information

Do you have pets?  Yes\*  No Are they spayed/neutered?  Yes  No

Describe any previous or current animal experience: \_\_\_\_\_

What would you say are your strengths in animal care? \_\_\_\_\_

\*What kinds of pets do you have? (circle all that apply)

Dogs

Cats

Other: (please specify) \_\_\_\_\_

### Section IV – Emergency Contact Information

Name: \_\_\_\_\_

*Last*

*First*

Phone: ( ) \_\_\_\_\_

Work

Home

Cell

Relationship to you: \_\_\_\_\_

### Section V – Authorization for Criminal History Record Check

I do hereby authorize a criminal history record check concerning myself, by and to duly authorized agents of the Fairfax County Police Department. I emphasize that the intent of this authorization is to provide information for the specific purpose of pursuing a background investigation which may provide pertinent data for the Fairfax County Police Department to consider in determining my suitability for volunteer services for the Fairfax County Animal Shelter. I agree that a digital signature on this release form will be valid even though said digital signature does not contain the writing of my signature. A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

**All fields MUST be completed in order to carry out the criminal history record check. Failure to supply all requested information will prevent your application from being processed.**

Name: \_\_\_\_\_

*Last*

*First (legal name; no nicknames please)*

*M.I.*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Maiden name (if applicable): \_\_\_\_\_

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

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The penalty for disseminating information obtained by this request is a Class 2 Misdemeanor in accordance with § 19.2-389, Code of Virginia, 1950 as amended.*

## Section VI – Foster Agreement

I agree to hold harmless Fairfax County, its officers and employees from any and all liability that might be incurred during the course of foster service, unless due to the County's gross negligence. I agree to comply with the Animal Services Division's rules and procedures. I agree to respect the confidential nature of the information I may obtain. I understand that my failure to follow the policies and rules of the Animal Services Division will result in the termination of my services as a foster care provider. I understand that as a volunteer, I serve at the discretion of the Animal Services Division and my foster status may be terminated at any time, with or without cause.

I will contact the Animal Services Division immediately in the event of any change in my name, address, or telephone number.

I will contact the Animal Services Division immediately in the event of any problems with the foster animal. I will not take the animal(s) to a veterinarian without first contacting a representative of the Fairfax County Animal Shelter for permission and instruction. I further understand that if I do, I will be responsible for any cost incurred.

I understand that, due to health risks, I will confine the foster animal(s) to my premises. I understand that these animals may not yet have received full vaccination series for rabies and distemper, among other diseases. I will notify the Animal Services Division if any fosterling bites me or any member of my family, regardless of the severity of the injury.

In the event my circumstances change and I find I cannot give the animal(s) the time and attention necessary to properly care for it, as instructed, I will immediately contact the Fairfax County Animal Shelter to schedule the return of the foster animal(s).

I will return the animal(s) to the Fairfax County Animal Shelter on the date specified in the foster contract unless a representative of the Fairfax County Animal Shelter alters this date. I further understand that if I fail to return the animal(s) by the designated date, the Animal Services Division will remove the animal(s) from my care.

I understand that the Fairfax County Animal Shelter has sole discretion as to the welfare of the animal(s) listed above and that they may demand the return of the foster animal(s) at any time during the foster period.

I understand that there is no guarantee that the animal I foster will be deemed adoptable. I understand that foster animals remain the property of the Fairfax County Animal Shelter at all times. I understand that any foster animal(s) may or may not be put up for adoption. I understand that the Fairfax County Animal Shelter has sole and complete authority to put the animal(s) up for adoption, extend the foster period, or euthanize the animal(s).

In the event that I wish to become the owner of the animal(s), I must apply for adoption through the normal Fairfax County Animal Shelter procedures, which may include returning the animal(s) to the shelter and/or a home visit. I further understand that fostering of animal(s) does not necessarily guarantee approval for adoption.

I will not surrender possession of any foster animal(s) to anyone other than a representative of the Fairfax County Animal Shelter. I understand that I have no right to keep or place any foster animal(s) in other homes or with persons other than those designated in this contract or approved in advance by the Fairfax County Animal Shelter staff.

I agree not to declaw any cat that I foster or adopt through the shelter's foster program.

I agree to permit representatives of the Fairfax County Animal Shelter to inspect the premises on which any foster animals are kept for the duration of the foster contract. I understand that the Fairfax County Animal Shelter will require regular home check-ups while I am fostering an animal and I will be available as required.

I will keep my own animals separate from any foster animal(s). In accordance with Title 3.1, Section 3.1-796.68, Code of Virginia, 1950 as amended, I agree that I shall also provide for each of my own companion animals: adequate food; adequate water; adequate shelter that is properly cleaned; adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species, and weight; adequate exercise; adequate care, treatment, and transportation; and veterinary care when needed or to prevent suffering or disease transmission.

I understand that I will not be reimbursed for any expenses related to damage or injury from my foster animal to myself, my family or my home or for veterinary expenses for my animals.

I understand that if I violate any of the Animal Services Division's rules and procedures, or any of the above statements, the Fairfax County Animal Shelter will require the immediate return of the foster animal(s) in my care and I will be terminated from the foster program.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

