

**SUFFOLK ANIMAL CONTROL DIVISION**  
**124 FOREST GLEN DR**  
**SUFFOLK, VA 23434**

**PHONE 757-514-7855**  
**FAX 757-923-2156**

**SUFFOLK ANIMAL CONTROL FOSTER CARE APPLICATION**

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

Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_  
Company Name Job Title

I prefer to be contacted (circle one): **BY EMAIL** **BY PHONE**  
 If by phone, please contact me: **AT HOME** **AT WORK** **EITHER**

Best time and number to call: \_\_\_\_\_

Have you fostered animals before? \_\_\_\_\_

What agencies have you fostered with? \_\_\_\_\_

What types of animals would you like to foster? (Please see below)

<u>FELINES</u>	<u>NO</u>	<u>POSSIBLY</u>	<u>YES</u>	<u># LIMIT</u>
Mother with nursing young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Newborn kittens requiring bottle feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Young only, self-feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injured/sick cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cat recovering from surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Under-socialized cat (lots of TLC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>CANINES</u>	<u>NO</u>	<u>POSSIBLY</u>	<u>YES</u>	<u># LIMIT</u>
Mother with nursing young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Newborn puppies requiring bottle feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Young only, self-feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injured/sick dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dog recovering from surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Under-socialized dog (lots of TLC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUFFOLK ANIMAL CONTROL FOSTER CARE APPLICATION

Please list any limitations that apply to your particular situation, i.e. animal size, age, breed, sex, transportation problems, etc.

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What kind of animal-related experience do you have?

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Are you familiar with positive reinforcement training and are you willing to use this method of training?

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Do you have any experience training or working with animals that have behavior problems? If so, please describe the types of behavioral issues with which you have worked.

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How long can you keep a foster animal(s) in your care?

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Are you willing to administer medications, should your foster animal require them?

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Do you have experience administering medication to animals?

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The Suffolk Animal Shelter will cover necessary medical expenses provided by the Shelter veterinarian only. If you choose your own veterinarian, we cannot be responsible for the expenses. Any care must be pre-approved by the Chief Animal Control Officer or Kennel Manager. Do you agree to these conditions?

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Your veterinarian's name:

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Veterinarian's address and phone number:

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SUFFOLK ANIMAL CONTROL FOSTER CARE APPLICATION

Please provide the information below for any current pets you have:

Name	Breed	Sex	Spayed/Neutered?	Age

Have you ever had a dog with parvovirus? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of housing (circle one):      House      Mobile Home      Apartment      Duplex      Condo

Do you own your home or rent? \_\_\_\_\_

If renting, name of apartment complex or landlord: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have a fenced-in backyard? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_

Do all of the adults wish to foster animals? \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Ages? \_\_\_\_\_

Do other children visit your home frequently? \_\_\_\_\_ Ages? \_\_\_\_\_

Do you or anyone in your home have any known allergies to pets? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be the primary caretaker of the foster animal?

\_\_\_\_\_

What is your work schedule?

\_\_\_\_\_

\_\_\_\_\_

SUFFOLK ANIMAL CONTROL FOSTER CARE APPLICATION

How many hours per day will you be away from the home?

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In what areas of the home will the foster pet be allowed?

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Will you be able to keep foster pets separate from your own animals, if necessary?

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May an employee of Suffolk Animal Control complete an annual visit to your home at a mutually convenient time?

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May potential adopters visit your foster animal at your home at a mutually convenient time?

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Are you able to transport your foster animal(s) to and from the Suffolk Animal Shelter frequently, if needed?

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Are you prepared to deal with an animal that may become ill or die? (Some kittens and puppies are taken from their mothers so young that they struggle to survive.)

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Realizing that fostering is a short-term, temporary arrangement which makes you the link between a homeless animal and finding them a "forever" home, are you certain you will be able to remain emotionally separated and be able to part with foster animals when they are ready to go back to the shelter or be adopted?

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Do you agree to release Suffolk Animal Control from any liability concerning any foster animal, including but not limited to any damage the foster animal may inflict upon persons or property?

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**FOSTER CARE RESPONSIBILITIES**

The Suffolk Animal Shelter provides:

- Medical care (vaccinations and de-worming for dogs). Foster parents must notify Suffolk Animal Control of any health issues as soon as possible.
- Carriers (if needed and when available).

Foster Parent responsibilities:

- Provide a safe, loving, temporary home.
- Provide a safe indoor environment.
- Provide food, water, bowls, toys, blankets, litter, litter boxes, and other supplies.
- Provide socialization, training, exercise, and administer medication for foster animals.
- Periodically transport foster animals to Suffolk Animal Control for vaccinations, checkups, or other special care.
- Provide emergency accident or illness veterinary care. Foster parents must contact Suffolk Animal Control if an emergency arises.
- Understanding that animals are the sole property of Suffolk Animal Control. Foster parents do not have any authority regarding who eventually adopts their foster pet(s). You cannot promise animals to anyone (friends, family, neighbors, etc.).
- Foster parents will return animals to Suffolk Animal Control on the pre-specified date or at any time that Suffolk Animal Control requests them.
- If the animal(s) must be returned before the scheduled date and time, Foster parents will contact the Chief Animal Control Officer or Kennel Manager at least 48 hours beforehand to make other arrangements for the animal(s).
- Report lost animals immediately to Suffolk Animal Control.
- Provide insight to the foster animal's behavior for its file in order to disseminate accurate information to potential adopters.
- If foster parents wish to adopt their foster pet(s), they must adhere to all Suffolk Animal Control adoption policies and procedures and apply through the regular adoption process.
- Suffolk Animal Control is not responsible for any damage or injury cause by a foster animal while it is in the care of a Foster Care Volunteer.

**I certify that the foster care application information is correct to the best of my knowledge. I also agree to follow all the rules, regulations and policies of the Suffolk Animal Control Division. I certify that no person residing in the household has ever been convicted of animal cruelty, neglect, or abandonment.**

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

After this application is reviewed by the Suffolk Animal Control Division, you will be contacted for an interview. An annual home visit will also be required.