

8. How many adults live in your home? _____ Children? _____ Ages of Children: _____
9. Does anyone in the family have allergies to pets? Yes ____ No ____
10. How many hours will this animal be alone during the day? _____
11. Where will the animal be during the day? _____ At night? _____
12. Who will be responsible for feeding the animal? _____ Exercise? _____
Grooming? _____ Training? _____ Expenses? _____
13. Who will care for the animal when you go on vacation? _____
14. Any fostered animal that is not spayed/neutered should be kept separate from other animals. Are you able to keep an animal separate? Yes ____ No ____
15. Please list any animal experience you have that you feel would be pertinent to you fostering an animal: _____

16. Do you understand that the animal must be returned to GCAS if you can no longer keep it? _____
17. If this foster is a dog, do you plan to tie or chain this dog outside at any time? _____ If yes, please explain: _____
18. What kind of animal behavior do you find unacceptable? _____

19. How would you handle these behaviors? _____

20. How would you correct or discipline this animal? _____

21. Do you believe in spaying or neutering? _____ Why? _____
22. Are all members of your family/household aware that you are applying to foster a pet? _____

I certify that all this information in this application is true, and I understand that false information may void this application. In accordance with the Virginia State Code §3.2-6546, I certify that I have not adopted more than two (2) animals from a shelter in a 30-day period including this animal being placed on hold. I certify, by my signature below, that I have never been convicted of animal cruelty, neglect or abandonment.

Signature _____ Date _____

FOR OFFICE USE ONLY

Shelter #: _____ Dog ____ Cat ____ Other _____

Breed: _____ Age: _____ Sex: _____

Description: _____

Application Approved: _____ Declined: _____ Reason Declined: _____

Date: _____ Staff Initials: _____