



Danbury Animal Welfare Society (DAWS)  
147 Grassy Plain Street, Bethel, CT 06801  
Phone: (203) 790-6511 Email: [fosterinfo@daws.org](mailto:fosterinfo@daws.org)

**FOSTER VOLUNTEER APPLICATION AND WAIVER**

Fosters must be at least 21 years old, have the knowledge and consent of all adults in your home, and be willing/able to care for foster pets. Completion of application does not guarantee approval.

I am interested in:  DAWS Foster  Safe Tails Foster  Both

**1. BASIC INFORMATION**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (where animal will be fostered): \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Why would you like to participate in this program? You may attach additional pages if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever fostered before? YES NO

*If yes, for what organization(s) and type(s) of animals?* \_\_\_\_\_

\_\_\_\_\_

Are you currently fostering for another organization? YES NO

*If yes, for what organization(s) and type(s) of animals?* \_\_\_\_\_

\_\_\_\_\_

Type of Pets Willing/Able to Foster:

<p><b>CATS:</b></p> <p><input type="checkbox"/> Adult cats (socialized)</p> <p><input type="checkbox"/> Pregnant mothers (socialized)</p> <p><input type="checkbox"/> Pregnant mothers (feral)</p> <p><input type="checkbox"/> Nursing moms w/ young kittens (socialized)</p> <p><input type="checkbox"/> Nursing moms w/ young kittens (feral)</p> <p><input type="checkbox"/> Shy/fearful adults needing socialization</p> <p><input type="checkbox"/> Cats with medical conditions</p> <p><input type="checkbox"/> Cats recovering from injury or illness</p>	<p><b>KITTENS:</b></p> <p><input type="checkbox"/> Neonatal kittens (0-5 weeks old)</p> <p><input type="checkbox"/> Young kittens (6-8 weeks old)</p> <p><input type="checkbox"/> Kittens (8 weeks to 5 months)</p> <p><input type="checkbox"/> Kittens with medical conditions</p> <p><input type="checkbox"/> Kittens recovering from injury or illness</p> <p><input type="checkbox"/> Shy/fearful kittens needing socialization</p> <p><input type="checkbox"/> Feral kittens (&lt;12 wks) socialization</p>
<p><b>DOGS:</b></p> <p><input type="checkbox"/> Adult dogs</p> <p><input type="checkbox"/> Pregnant mothers</p> <p><input type="checkbox"/> Nursing moms w/ young puppies</p> <p><input type="checkbox"/> Shy/fearful adults needing socialization</p> <p><input type="checkbox"/> Adult dogs with medical conditions</p> <p><input type="checkbox"/> Adult dogs recovering from injury or illness</p>	<p><b>PUPPIES:</b></p> <p><input type="checkbox"/> Neonatal puppies (0-5 weeks)</p> <p><input type="checkbox"/> Young puppies (6-8 weeks old)</p> <p><input type="checkbox"/> Puppies (8 weeks to 5 months)</p> <p><input type="checkbox"/> Shy/fearful puppies needing socialization</p> <p><input type="checkbox"/> Puppies with medical conditions</p> <p><input type="checkbox"/> Puppies recovering from injury or illness</p>
<p><b>OTHER:</b></p> <p><input type="checkbox"/> Small mammals (rabbits, guinea pigs)</p> <p><input type="checkbox"/> Birds</p> <p><input type="checkbox"/> Reptiles</p> <p><input type="checkbox"/> Amphibians</p> <p><input type="checkbox"/> Fish</p>	

**2. HOUSEHOLD INFORMATION**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you work outside of your home? YES      NO

How many hours (on average) would your foster pet be home alone per day? \_\_\_\_\_

How many hours (on average) can you give a foster pet per day? \_\_\_\_\_

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

If renting: landlord's name and phone: \_\_\_\_\_

*\*\*Please provide section of lease indicating pet allowance, including any limitation in number, size, weight, breed, etc. If not mentioned in lease, please complete "Rental Permission" form.\*\**

Do you have a fenced yard? YES      NO

*If YES, please describe your fence (construction type, height, size of fenced-in area, etc)*

\_\_\_\_\_

Please list all adults (over 18 years old) living in your home:

Full Legal Name	Date of Birth	Relationship to Applicant

*Please attach additional sheets if needed. DAWS requires background checks on adults in potential foster home*

Does anyone in your home (adult or child) have allergies? YES NO

Do you have children (under 18 years old) in your home? YES NO

If yes, how many? \_\_\_\_\_

Please list their ages \_\_\_\_\_

Any special needs? Describe: \_\_\_\_\_

### 3. CURRENT ANIMALS

Do you have other pets currently in the home? YES NO

*If YES, please provide details below:*

Name	Species	Breed	Age	Sex	Spay/Neuter?

**\*\* Please list ALL pets in your home - use additional sheets if needed. DAWS requires this info to ensure foster placements will be compatible with existing pets\*\***

*If NO, please describe any pets you have owned/cared for in the past 10 years, including type of animal, time period of ownership, why you stopped caring for it, and veterinarians used - attach additional sheets if needed:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your current pets good with other animals? Please elaborate as needed: \_\_\_\_\_

\_\_\_\_\_

Are you able to keep foster pets separate from other pets? YES NO  
Please describe: \_\_\_\_\_

Have you ever owned/cared for a pet with behavioral issues? YES NO  
If yes, please describe the situation and how you handled it: \_\_\_\_\_

If you have ever used a dog trainer, please list them here: \_\_\_\_\_

Are you willing/able to administer tablet or pill medications? YES NO

Are you willing/able to administer liquid medications? YES NO

Are you willing/able to administer injections (i.e. insulin, SQ fluids)? YES NO

Are you willing/able to transport to DAWS for vet appointments and/or adoption events? YES NO

If you have cats, do you keep them indoors or let them outside? \_\_\_\_\_

If you have dogs, do you keep them primarily indoors or outside? \_\_\_\_\_

#### 4. PERSONAL AND VETERINARY REFERENCES

DAWS will contact your veterinarian(s) for a reference. If you do not have any pets currently, please list the name and contact information of the last veterinarian you worked with:

CURRENT Veterinarian and Hospital/Clinic: \_\_\_\_\_

Owner name (if different than applicant): \_\_\_\_\_

FORMER Veterinarian and Hospital/Clinic: \_\_\_\_\_

Owner Name (if different than applicant): \_\_\_\_\_

**\*\* Please expedite this process by calling your veterinarian and having them note that DAWS will be calling for a reference, and to ensure that your current animals are up to date on vaccinations.**

Please provide the names and contact information of two personal references (no veterinarians, no relatives) that you have known for at least 3 years.

Reference #1: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Reference #2: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Please make any additional comments regarding your application below. Especially note any special skills you have, such as providing medical care for animals, experience with bottle-feeding, etc. \_\_\_\_\_

---

---

---

**Please read and initial the following:**

\_\_\_\_\_ I recognize that filling out this application does not guarantee acceptance into the foster program, and that DAWS reserves the right to refuse any application without explanation.

\_\_\_\_\_ I hereby consent to DAWS and its authorized representatives performing appropriate background checks in regards to this application, and contacting the listed references.

\_\_\_\_\_ I understand that a home visit (or virtual visit) may be part of the approval process for foster applications, during which DAWS will make sure my home is suitable for fostering particular animals. I also understand and agree that DAWS will make the final decision regarding what foster animals will be placed in which homes.

\_\_\_\_\_ I understand that this application is to become a member of the foster program, not an application for a specific foster animal. Once my application has been vetted and if it is approved, DAWS will contact me to decide which foster animal may be appropriate for my family and circumstances.

\_\_\_\_\_ I understand that DAWS may not always have animals available who need foster homes, and I agree to allow DAWS to maintain this application and contact me as foster animals become available who may be suited for my home and circumstances.

\_\_\_\_\_ I understand that part of being a foster volunteer is a willingness to be flexible with my schedule, so that potential adopters have the opportunity to meet my foster animal at DAWS, and transport my foster animal to/from DAWS for veterinary care. If I am selected as a foster home, I understand the need to be accommodating with my schedule.

\_\_\_\_\_ I understand that DAWS retains all legal rights over foster animals and will make all final decisions regarding the animal, including making medical decisions for the animal and screening and selecting its adoptive family.

\_\_\_\_\_ I agree to return my foster pet to DAWS immediately if I become unable or unwilling to continue fostering, and that DAWS has the right to remove foster animals from my home if my fostering situation is no longer considered in the best interest of the animal

\_\_\_\_\_ I understand engaging in or being party to any acts of libel, slander, or defamatory comments about or towards DAWS and/or its representatives will be grounds for immediate termination of this foster agreement, and possible legal action.

\_\_\_\_\_ ***For the Safe Tails Program:*** I understand the importance of confidentiality to this program, and agree to refrain from disclosing or sharing information, photos, or details about my foster pet(s). I understand that my failure to adhere to the protocols of this program may jeopardize the safety of participants, and will result in my immediate termination from the DAWS foster program.

I hereby agree to indemnify, defend and hold harmless DAWS, its officers, directors, employees, and agents from any and all claims, demands, liability, damages, losses, costs or expenses incurred resulting from or relating to my participation in the foster program under the terms of this agreement.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Thank you for your interest in becoming a foster volunteer!**