

APPLICATION TO TEMPORARY LOVING CARE PROGRAM



Animal Rescue League of Iowa
5452 NE 22nd St. | Des Moines, IA 50313 | 515-262-9503 | www.arl-iowa.org

The goal of the ARL's foster program is to provide a temporary in-home environment for certain animals, that due to their physical or behavioral challenges, would benefit from additional care. To ensure that the experience is safe and pleasant for both you and the animal, please complete the following application.

HOW TO APPLY:

Please email the completed application to foster@arl-iowa.org
or drop-off at the ARL Main location (5452 NE 22nd St., Des Moines, IA 50313)

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone (primary) _____ Phone (secondary) _____

Email _____

Who will be the primary caregiver? _____

Do all humans in your household fully support fostering? Yes No

Have you attended Volunteer Orientation? Yes No If yes, provide month and year _____

Do you own your home? Yes No If no, we need your landlord's authorization. Please provide the following:

Landlord Name _____ Landlord Phone _____

Are children living in the home? Yes No If yes, how many? _____ Ages _____

How many pets currently share your home? _____ Dogs _____ Cats _____ Other (please specify) _____

Ages of dogs _____ Breeds of Dogs _____

Ages of cats _____

Are your pets current with vaccinations & preventative maintenance (flea & heartworm treatment?) Yes No

Veterinarian's name where vaccinations were last given: _____

(For the safety of all animals involved, we require that your pets be current with their vaccinations.)

Are your pets spayed/neutered? Yes No

Do any of your pets have medical or behavioral issues? Please explain. _____



What type of fostering situations are you interested in? Please check all that apply.

- Dogs
- Weaned puppies
- Unweaned puppies
- Dogs with medical needs
- Mother dog & puppies
- Dogs with behavioral needs
- Rabbits
- Small Critters (rats, mice, gerbils, hamsters)
- Birds
- Cats
- Weaned kittens
- Unweaned/bottle fed kittens
- Cats with behavior issues (scared, unsocialized, etc.)
- Cats with medical needs
- Mother cat & kittens
- Guinea Pigs
- Horses

Additional Foster Programs I'm willing to participate in:

- Crisis fosters: (up to 2 weeks max) *This program is to provide pet owners in crisis situations a temporary home for their pet(s).*
- Shelter Cat Getaway Program: (can be long term) *This program is to provide a vacation for adult cats that have been at the ARL more than two months.*
- Golden Paw Hospice Program: *To provide in-home care for a dog/cat that has been diagnosed with a terminal illness but is free from suffering and continues to enjoy quality of life.*

Do you have a fenced yard? (Note: ARL cats are not allowed outside.) Yes No

If no, please explain how you will keep the pet on your property. _____

Day _____

Evening _____

For what period of time will the pet be left alone? _____

Do you have experience with medical or behavior issues in animals? Yes No

If yes, my experience level is: Beginner Intermediate Advanced

Please provide some detail of your training experience. _____

Please list three references. If you own pets, one must be your veterinarian.

Reference #1 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Reference #2 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Reference #3 First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____



Additional Comments/Questions _____

NOTE: The Animal Rescue League of Iowa, Inc. requires that all persons fostering an ARL animal comply with the leash laws of the city in which they reside. All dogs/puppies must be in a fenced yard or on a leash at all times when outside. The Animal Rescue League of Iowa, Inc. requires cats in foster care be kept indoors at all times.

ARL STAFF ONLY

HV VOLUNTEER _____ HV DATE _____

OUTCOME _____

APPLICATION ENTERED IN SB

HV EMAIL SENT

HV ENTERED IN SB

NOTES _____

