



# FOSTER CARE HOME INSPECTION CHECKLIST

WBARS INSPECTOR \_\_\_\_\_

FOSTER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_ HISTORY OF FOSTERING Y N (Circle one)

ANIMALS YOU ARE WILLING TO FOSTER: (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kitten(s)            | <input type="checkbox"/> Puppy                  | <input type="checkbox"/> Rabbit           |
| <input type="checkbox"/> Pregnant cat         | <input type="checkbox"/> Small dog (up to 20#)  | <input type="checkbox"/> Horse            |
| <input type="checkbox"/> Mom cat with kittens | <input type="checkbox"/> Medium dog (up to 40#) | <input type="checkbox"/> Rodent           |
| <input type="checkbox"/> Adult cat            | <input type="checkbox"/> Large dog (40# and up) | <input type="checkbox"/> Other (describe) |
|   | <input type="checkbox"/> Pregnant dog           | _____                                     |
|   | <input type="checkbox"/> Mom dog with pups      | _____                                     |

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## TO BE FILLED OUT BY WBARS INSPECTOR

### INSIDE FACILITIES

Housing for *resident* pets (free roam, isolated to one area, adequate cage space, bedding?)

\_\_\_\_\_  
\_\_\_\_\_

Housing for *foster* pets (free roam, isolated to one area, adequate cage space, bedding?)

\_\_\_\_\_  
\_\_\_\_\_

Sleeping area for *foster* pets (Where will the foster pets sleep?)

\_\_\_\_\_  
\_\_\_\_\_

Transportation crate: Will foster family need crate from WBARS? Y N (Circle one)

Safety (does inspector note any poisons, plants, other hazards?)

\_\_\_\_\_  
\_\_\_\_\_

Does the interior of the house appear to be pet safe and friendly? Y N (Circle one)

If no, what are the concerns? \_\_\_\_\_

OUTSIDE FACILITIES (If applicable, describe in detail). Fenced area (type/height of fence, acreage available, general condition).

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Shelter/Sleeping Area for dog(s) (free roam, separate room, doggie door, dog house, covered porch, shed, barn, shade, heat/cold concerns?)

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INFORMATION ON RESIDENT PETS (Circle/Check all that apply)

Pet #1 Name \_\_\_\_\_ Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ S/N? Y N

\_\_\_\_ Distemper Combo (includes Parvo for dogs, FELV or RCP LK for cats) \_\_\_\_ Rabies

FELV/FIV Tested Y N Results: \_\_\_\_\_

Pet #2 Name \_\_\_\_\_ Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ S/N? Y N

\_\_\_\_ Distemper Combo (includes Parvo for dogs, FELV or RCP LK for cats) \_\_\_\_ Rabies

FELV/FIV Tested Y N Results: \_\_\_\_\_

Pet #3 Name \_\_\_\_\_ Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ S/N? Y N

\_\_\_\_ Distemper Combo (includes Parvo for dogs, FELV or RCP LK for cats) \_\_\_\_ Rabies

FELV/FIV Tested Y N Results: \_\_\_\_\_

Pet #4 Name \_\_\_\_\_ Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ S/N? Y N

\_\_\_\_ Distemper Combo (includes Parvo for dogs, FELV or RCP LK for cats) \_\_\_\_ Rabies

FELV/FIV Tested Y N Results: \_\_\_\_\_

***CHECK ONE:***

\_\_\_\_ APPROVED. IF YES, FOR WHAT ANIMALS? \_\_\_\_\_

\_\_\_\_ DISAPPROVED. IF CHECKED, REASONS, SUGGESTED IMPROVEMENTS?

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

Volunteer Foster Signature \_\_\_\_\_ Date \_\_\_\_\_