



Animal Welfare Bureau: (515)281-6358

Email: animalwelfare@IowaAgriculture.gov

FOSTER OVERSIGHT ORGANIZATION APPLICATION

Business Name: \_\_\_\_\_ Animal Welfare License Number: \_\_\_\_\_

Street: (911 Address) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

PRIMARY STAFF CONTACT (Notify Department with any changes in contact information) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SECONDARY STAFF CONTACT (Notify Department with any changes in contact information) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Screening plan for foster homes: \_\_\_\_\_

Criteria to determine in prospective home is capable of caring for animals: \_\_\_\_\_

(See Reverse Side)

Oversight plan: \_\_\_\_\_

\_\_\_\_\_

Frequency of foster home inspections (must be done a minimum of once every 12 months): \_\_\_\_\_

Criteria for inspection of foster homes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedial actions taken for inadequate care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Number of foster homes requested: \_\_\_\_\_

Number of paid employees: \_\_\_\_\_  
(full & part time working for oversight organization)

Number of volunteers serving the foster oversight organizations:  
\_\_\_\_\_

Number of volunteer hours utilized per week: \_\_\_\_\_

\* No more than 20 foster homes will be approved during the first year the Registrant/Licensee oversee foster homes. After the first year, the Registrant/Licensee may apply to the Iowa Department of Agriculture by providing a letter requesting additional foster homes and documentation supporting the Registrant/Licensee's ability to oversee additional Foster Homes

Provide additional supporting documentation such as copies of all forms utilized by the foster oversight organization including application to become a foster home, foster home inspection form, other forms utilized by the foster oversight organization for foster homes or any other supporting documentation to support your application. Additional information may be requested.

Licensee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Department Approval: \_\_\_\_\_

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

Number of Foster Homes Approved for: \_\_\_\_\_

Expiration of Approval: \_\_\_\_\_

*Foster Oversight Agreements must be updated annually at the time of license/registration renewal. Applications will be reviewed as they are received. Foster Oversight Organizations cannot utilize foster homes until their application is approved.*