

Foster Application

Date: _____

Your answers to these questions won't determine whether or not you'd make a good foster parent. They will, however, help us determine what kind of animal would be appropriate for you to foster. Our foster homes are an extension of the Center for Animal Health and Welfare (CAHW) and we want you and your foster to have a successful experience. Contact us with any questions you have about filling out this application. **Thank you - from all of us and all our animals!**

GENERAL INFORMATION

NAME: _____

ADDRESS: _____
_____ EMAIL: _____

Telephone _____ (home) _____ (work) _____ (cell)

Best time / place to call: _____ home _____ work _____ cell

Occupation: _____

I certify that I am at least 18 years old. _____ (INITIAL)

Animal preference: _____ Dog _____ Cat

Will you be willing to foster: _____ Puppies _____ Kittens

How did you hear about The Center for Animal Health & Welfare?

LIVING SITUATION

Do you: _____ own _____ rent

If you rent, do you have landlord approval to have a dog/cat or multiple dogs/cats in your home?
_____ Yes _____ No

Does your current residence have a secured, fenced backyard? Yes _____ NO _____

If Yes, how high is your fence? _____

Please describe your yard.

Do you have stairs? _____ Yes _____ No If yes, how many sets of stairs? _____

Please list all persons residing in your home and if they are a minor, please list their age. If you need more space, please use the back.

Do children visit your home? ____ Yes ____ No

If yes, please list their ages and how often they visit.

Will fostering be a cause of problems with family members/roommates/housemates? _____

Would you agree to a home visit prior to your fostering a CAHW animal? _____

ANIMALS CURRENTLY LIVING IN YOUR HOME

Are there any animals currently living in your home? ____ Yes ____ No

If so, please supply the following information for each animal in your home.

Type of animal (Dog, Cat, Bird, etc.	Breed	Sex	Age	Spay/Neutered Yes or No	Current on Vaccinations Yes or Nor

FOSTERING A CAHW ANIMAL

Interests in Fostering:

Please circle all that apply:

Cats: Injured/Sick/Elderly/Pregnant/Nursing Mother & Kittens/Newborns without mother/FELV Positive/FIV Positive/Ferals/Behavioral

Dogs: Injured/Sick/Elderly/Pregnant/Nursing Mother & Pups/Newborns without Mother/Pup too young for adoption/In need of socialization

Small Animals: Rabbits/Ferrets/Guinea Pigs/Birds/Other

Do you have any restriction: Breed/Sex/Age/Size (Please explain below)

How long are you away from home each week? _____ hours per day _____ days per week

Where will your foster DOG/CAT be when you are not at home? _____

Who will be the primary caregiver of your foster DOG/CAT? _____

Any previous animal experience? If so, please explain.

Do you currently have a vehicle? _____ Yes _____ No

Would you be able to drive your foster dog to veterinary appointments? _____ Yes _____ No

Would you be willing to drive your foster dog to outreach events? _____ Yes _____ No

Would you be willing to meet with potential adopters to discuss any information regarding your foster animal? _____ Yes _____ No

Would you be comfortable giving your foster animal medications? _____ Yes _____ No

When are you available to start fostering? _____

What provisions will you need CAHW to provide (dog bowls, beds, food, etc.)?

Are you interested in providing foster/hospice care to terminally ill animals? _____

REFERENCES:

Veterinarian: _____ Phone# _____

Please provide us with three personal references (no relatives) Only 1 reference may be a Center Staff or Board Member.

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is true and complete. I recognize that any misrepresentation of that information will result in my losing the privilege of fostering a rescued dog from The Center for Animal Health & Welfare. I understand that CAHW has the right to deny my request to foster a dog/cat, and I authorize checking all information provided in this application.

Signature Date

I understand the CAHW owns the animal that I foster and if I should choose to foster to adopt, I must do so within 90 days or turn the animal back over to the shelter. _____

I understand that CAHW may make appointments with Veterinarians for the medical care and well being of the animal and that I must be able to make the appointments or cancel prior to 48 hours of scheduled appointment. I further understand that I may cancel up to two appointments before being considered in breach of the foster agreement. _____

All medical care must be approved and scheduled by CAHW, I understand that if I incur veterinarian charges without prior approval by the Animal Care Manager, that I am solely responsible for the charges incurred and do not hold CAHW liable for said charges. _____