



of Central PA, Inc.

P.O. Box 129, Dillsburg, PA 17019

717-232-1644 www.crcpa.org

Foster Care Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Why do you want to foster a dog from CRCPA? _____

Name of CRCPA dog wishing to foster: _____

How long will you be able to foster the dog? _____

How did you hear about CRCPA? _____

Are you age 18 or older? Yes No

Do you live alone? Yes No If no, with whom do you live? _____

If children are living in household, please provide age(s): _____

Do you work? Yes No If married, does spouse work? Yes No

Who will be primarily responsible for the care of the dog? _____

How many hours will the pet be alone per day? _____

Where do you plan to keep the dog when you are not home? _____

Do you: own a home? Rent? If you rent, does your lease allow pets? Yes No

If yes, is there a limit on the type or number of pets you may have? Yes No

If yes, explain: _____

If you own your home but rent the property does the property owner allow pets? Yes No NA

Landlord's Name: _____ Number: _____

*You will be required to verify that your landlord and/or property owner allows pets.

Do you plan on moving in the next 6 months? Yes NO

Do you currently have pets? Yes No

• If yes, please list what type(s) and how many: _____

• If no, did you have pets in the past? Yes No

If yes, what happen to them? _____

Where do you keep your pet(s): Inside Outside Both

Explain (if needed): _____

Are your pets spayed/neutered? Yes No

Do your dogs, if any, have all current vaccines, including: Rabies Yes No; DHLPP Yes No
or DHPP and Lepto Yes No; Lyme disease Yes No

If the answer to either of the last two questions is "no," is there a medical reason? Yes No

If yes, explain: _____

Name, address, and phone number of your veterinarian? _____

Under whose name is the pet registered with the vet? _____

Does anyone in your house have pet allergies? Yes No

Have you ever given a pet up for adoption? Yes No

If yes, please explain: _____

References (please do not list someone living in your household):

Name: _____ Number: _____

Name: _____ Number: _____

I certify that the information I have provided is complete and correct to the best of my knowledge, and I understand that any false or misleading information can lead to a denial of this application. I understand that approval of this application does not mean that the dog or puppy that I have chosen will be available. I authorize the release of my pet's/pets' medical information from the veterinarian(s) listed above.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Approved: Yes No

Last updated 8/2019