



FOSTER CARE APPLICATION

This application must be completed by the individual over the age of 18 who will be responsible for daily care of foster animals. Please fill out this application completely as incomplete applications will not be processed. Provide your full first and last name. Reviewing and approving applications may take up to two weeks to process.

Date: _____ Name: _____ P# (office use only): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____ Home/Work Phone: _____

Length of time at address: _____ Own Rent Parent/family owns home

Homeowner's Name & Telephone: _____

How many people live in your household? _____ Ages of Children: 6 & under 7-9 10+

Name and relationship of other adults that will share responsibility for care: _____

Why are you interested in fostering for CAHS? _____

<u>You & Your Household</u>	<u>Pet Care</u>	<u>Current Pets</u>
<p>Pet Experience:</p> <p><input type="checkbox"/> New to pet care</p> <p><input type="checkbox"/> Have had one or two pets</p> <p><input type="checkbox"/> Knowledgeable & experienced</p> <p>Have you ever adopted a pet from CAHS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever surrendered an animal to CAHS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you attended a CAHS volunteer orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list any other names that you have used: (nicknames, maiden names, etc):</p> <p>_____</p> <p>Time away from home:</p> <p><input type="checkbox"/> Home all day</p> <p><input type="checkbox"/> Out part-time</p> <p><input type="checkbox"/> Away 7-10 hours daily</p> <p>Home Atmosphere:</p> <p><input type="checkbox"/> Grand Central Station!</p> <p><input type="checkbox"/> Some activity</p> <p><input type="checkbox"/> Zen-garden serene</p>	<p>Our foster pets will:</p> <p><input type="checkbox"/> Live indoors only</p> <p><input type="checkbox"/> Live indoors/outdoors</p> <p><input type="checkbox"/> Live outdoors only</p> <p>Where will your foster pet be housed when alone/unsupervised? (please be specific)</p> <p>_____</p> <p>_____</p> <p>How will foster dogs be confined when outdoors? (please be specific)</p> <p>_____</p> <p>_____</p> <p>Who will be the primary caretaker for your foster pets?</p> <p>_____</p> <p>_____</p> <p>Would you be willing to take foster pets to weekly adoption events (Saturday or Sunday)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>Date you are available to begin fostering:</p> <p>_____</p>	<p>Type/Breed: _____</p> <p>Name: _____</p> <p>Age: _____ Sex: _____</p> <p>Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you cared for this pet?</p> <p>_____</p> <hr/> <p>Type/Breed: _____</p> <p>Name: _____</p> <p>Age: _____ Sex: _____</p> <p>Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you cared for this pet?</p> <p>_____</p> <hr/> <p>Type/Breed: _____</p> <p>Name: _____</p> <p>Age: _____ Sex: _____</p> <p>Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both</p> <p>How long have you cared for this pet?</p> <p>_____</p>
		<p>Do you have more pets?</p> <p><input type="checkbox"/> Yes (list additional pets on back) <input type="checkbox"/> No</p> <p>Current Veterinary Clinic (name and phone):</p> <p>_____</p> <p>_____</p>

Please list any **additional** current pets or pets that have been in your care in the past 5 years:

Type: _____
(dog/cat/other) Name/Breed _____ Age _____ Living with you now? _____ If no, what happened to this pet? _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Do you need more lines for your previous animals? Yes No

What type(s) of animal would you be willing to foster? (check all that apply)

- Young kittens without mom (eating solid food)
- Orphaned kittens requiring bottle feeding
- Young kittens with mom
- Cats or kittens with URI or on other medication
- Adult cats (non-contagious — break from shelter, weight gain, etc)
- Young puppies without mom (eating solid food)
- Orphaned puppies requiring bottle feeding
- Young puppies with mom (pregnant or nursing dogs)
- Dogs or puppies with kennel cough or on other medication
- Adult dogs (non-contagious— break from shelter, socialization, adopt from a foster home, etc)
- Small animals (rabbits, ferrets, rodents, etc)

I would like to receive more information about fostering animals with treatable illnesses that cannot be safely managed at the shelter due to housing restrictions (such as parvo, ringworm, lice (cat-specific only), etc). At this time, these animals will only be treated when there are foster families available to house them. Yes No

I would like to receive more information about fostering animals that are currently being evaluated by our behavior department to determine adoptability. These animals may have displayed inappropriate behaviors that may prevent them from being adopted from the shelter, and need to be evaluated further. Yes No

Please read the following terms carefully. By signing this Foster Application, I understand and agree to abide by the following terms:

- I agree to hold CAHS harmless from any direct or consequential damages arising out of foster care.
- I will abide by the CAHS Foster Guidelines.
- I agree to return calls and emails regarding my foster pet within 24 hours.
- CAHS is the owner of the animal(s) during foster care.
- The animal(s) will be returned to CAHS upon request or at the end of the foster agreement.
- All foster animals will return to CAHS for medical care including vaccinations, deworming, and physical exams. I will not take my foster animals to another veterinarian or give over the counter treatments without prior approval from CAHS.
- My foster animal(s) will receive appropriate indoor care. I will not allow my foster pet off-leash in a non-fenced area.
- CAHS is unable to reimburse Foster Volunteers for any expenses incurred while fostering animals.
- The foster animal(s) in my care cannot be given away, sold, or relocated to another home and are only available for adoption through the CAHS normal adoption procedures.
- If necessary, I will allow a CAHS representative to visit my home to examine a foster animal.
- I understand that CAHS cannot guarantee the health of foster animals and that there is a possibility that the animals may have illnesses that can be spread to other animals and humans.
- I understand that there is a possibility that a foster pet may be euthanized if it develops a severe illness or behavioral issues as determined by CAHS staff.
- I agree that I will keep my resident pets current on vaccinations and other preventative care, and I will notify the Foster Supervisor if my pet develops a contagious illness.

Please be patient! We know you are excited to begin fostering, but reviewing and processing applications may up to two weeks!

Signature: _____ Date: _____

APPROVED/PENDING/NOT APPROVED Manager Initials/Date: _____
