



CHA Animal Shelter Application for Foster Care

What types of dogs and/or cats are you interested in fostering? (please select all that apply)

-Dogs: Small(<20lbs), Medium(20-50lbs), Large(>50lbs), Puppies, Nursing moms

-Cats: Adults, Kittens, Nursing moms

-Types: Break from Shelter, Lack of Room at Shelter, Sick, Too Young/Bottle Feed, Injury, Behavior Rehab

Applicant Information:

Last Name: _____ First Name: _____ Date of Birth: _____

Please list your maiden name or any other variations: _____

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

How long have you lived at the above address? _____

Home Ph#: _____ Work Ph#: _____ Cell Ph#: _____

Email Address: _____ **(this will be our primary way of contacting you)**

Employer: _____ How long? _____ Occupation: _____

Are you a student? Yes ___ or No ___ If yes, where? _____ Graduation Date _____

Reference: **Reference cannot be a family member**: _____

Phone: _____ Relationship to you _____

****Please answer the following questions honestly and completely. Your information will be verified.**

(Check One) Do you? Own Home ___ Own Condo ___ Rent Apartment ___ Rent House ___

Rent Mobile Home ___ Own Mobile Home ___ Live with parents ___

If living with parents, are they aware you want to foster Yes ___ No ___

Please list the name of all adults living in your home include spouse, significant other, partner, roommate, or older children. _____

Please list all children under 18 in your home and their ages, include grandchildren and/or children that visit

often. Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does anyone in the household suffer from pet allergies? Yes ___ No ___

Name _____ Age _____ Name _____ Age _____

Are you prepared for the extra cleaning/vacuuming needed to help the sufferer? Yes ___ No ___

Has anyone living in your home been convicted of a felony? ___ If yes, explain: _____

Why do you currently own pet(s)? *Select all that apply:* Watch Dog/Protection, Companion/Family Pet, Gift, Barn Cat/Mouser, Child's Pet, Companion for other pet, Other: _____

Why do you want to foster a pet? _____

What length of time would you prefer to foster an animal in your home? (please circle all that apply):

1-2 weeks 2-4 weeks 1-2 months longer than 2 months

Have you ever adopted from CHA before? Yes ___ No ___ If yes, who and when? _____

Have you ever fostered for another shelter or rescue organization? _____

Who will be responsible for the exercise, grooming, health care, and feeding of the animal?

Where will the animal be kept during the day? _____

Where will the animal be kept during the night? _____

If the animal will live outside, what type of shelter is available? _____

Are you willing to foster an animal that may not be housebroken or has behavioral issues that need attention?

Are you aware that CHA will conduct a home visit? _____

If interested in fostering a DOG ONLY

Are there any breeds of dogs you would not consider for foster? _____

How will you keep the dog confined to your property? *Circle all that apply.*

Fenced Yard Partially Fenced Yard Run Loose Invisible Fence Kennel Leash Tie Out/ Chain

Other _____

How will you exercise your dog? _____

How much time are you willing to devote daily to exercising your dog? _____

How will you handle barking, chewing, scratching, digging and other destruction?

If interested in fostering a CAT ONLY

How will you prevent the cat from clawing on the furniture, curtains and/or carpet? _____

Will the cat be allowed outside? _____ If yes, under what circumstances? _____

Even though most cats (male or female) don't spray or mark, how will you handle the situation if your new foster takes on this spraying or marking habit? _____

Pet History:

Tell us about **ALL** the pets you have had in the last 10 years:

Name _____ Dog ___ Cat ___ Other ___ Age _____ Sex _____ Housed: In ___ Out ___ Both ___ Where is this pet now? _____ _____ Is this pet Spayed/Neutered? ___
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 Housed: In ___ Out ___ Both ___
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Have you ever had to "get rid" of a pet? Yes ___ No ___ If yes, please explain _____

Who is your veterinarian? _____ Phone: _____

Are your animals current on vaccinations? Yes ___ No ___ If no, please explain _____

Do you feel it is necessary to use a heartworm preventative on your pets? Yes ___ No ___
 Why or why not? _____

Do you feel it is necessary to use a flea preventative on your pets? Yes ___ No ___
 Why or why not? _____

Are your current animals spayed/neutered? Yes ___ No ___ If not, please explain _____

Do you understand that:

- Foster animals may need "booster" vaccinations within in the next few weeks, that will require shelter/vet trips? Yes ___ No ___
- Foster animals will need an "adjustment period" in your home, and that during this time he/she may have accidents on the floor, destroy belongings, exhibit separation anxiety or other undesirable behavior? Yes ___ No ___
- Children should never be left unsupervised with an animal, even the friendliest family pet? Yes ___ No ___

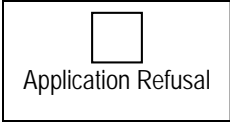
Tell us why you would be a good pet guardian: _____

I understand that CHA may not approve this adoption application.

I further understand that if I can no longer care for this pet, I must return it to CHA. As a non-profit organization, we receive the right to refuse the adoption of any animal for any reason. I certify that the above information is correct and authorize CHA to check my references and contact my veterinarian listed above.

Signature: _____ Date: _____

CHA Rep: _____ Date: _____



For staff use only:
 Rep notes:

LL or Approved?

APPROVED / NOT APPROVED _____ Date: _____