

# Foster Application

Note: All foster volunteers must also submit a volunteer application.



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Are you interested in fostering (check all that apply)  Cats  Kittens  Puppies  Dogs

Why do you want to foster?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Resident Pet Information

	Cat/Dog	Breed	Age	Sex
1.				
2.				
3.				
4.				
5.				
6.				

Are all of your resident pets up to date on vaccinations/city license (if required)?  Yes  No

Are all of your resident pets spayed/neutered?  Yes  No

If you answered no to either of the questions above, please explain: \_\_\_\_\_

\_\_\_\_\_

If you desire to foster cats/kittens and have cats/kittens at home are those at home tested negative for **BOTH** feline leukemia and aids?  Yes  No  N/A

If you have resident cats are they allowed outside or do they live outside?  Yes  No

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have resident dogs?  Yes  No

If you answered yes where do your dogs spend most of their time? \_\_\_\_\_

## Animal Care

Do you have access to reliable and timely transportation?  Yes  No

What do you consider to be your ideal foster capacity (i.e., one dog, one cat w/kittens, etc.)?

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Have you ever given up a pet before \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

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Have you ever fostered for an animal welfare organization before? \_\_\_ Yes \_\_\_ No

If yes, which organization? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact them? \_\_\_ Yes \_\_\_ No

What can you offer as a foster environment? (Do you have the capability to isolate incoming fosters, do you intend to integrate fosters with residents, do you plan to use crates/playpens, can you offer mother & newborn care, etc.?) \_\_\_\_\_

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Do you have experience with any of the following? (Please check all that apply)

\_\_\_ Older Cats

\_\_\_ Angry Cats

\_\_\_ Orphaned Kittens

\_\_\_ Older Dogs

\_\_\_ Aggressive Dogs

\_\_\_ Orphaned Puppies

\_\_\_ Cats w/Kittens

\_\_\_ Dogs w/Puppies

\_\_\_ Ringworm Positive Pets

\_\_\_ Dogs w/Heartworms

### **Your Household**

In addition to yourself, how many others live in the household? Please ages as well.

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Is everyone in the household willing to foster a pet? \_\_\_ Yes \_\_\_ No

Will anyone else in the household be caring for the foster pet? \_\_\_ Yes \_\_\_ No

Does anyone in the home suffer from allergies to pets? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Do you live in a \_\_\_ House \_\_\_ Condo \_\_\_ Apartment \_\_\_ Townhome \_\_\_ Mobile Home

Do you own your residence? \_\_\_ Yes \_\_\_ No

If you rent, do you have written permission for your landlord to have a pet(s)? \_\_\_ Yes \_\_\_ No

Does your landlord approve of your intention to foster pets? \_\_\_ Yes \_\_\_ No \_\_\_ Doesn't Know

If you rent, please provide your landlord's name, address, and phone number so that we may contact them. \_\_\_\_\_

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If you are interested in fostering dogs do you have a fenced yard?  Yes  No  N/A  
If applicable, describe your fence, i.e., 4ft chain link, 6ft wooden privacy, etc. \_\_\_\_\_  
\_\_\_\_\_

How long would your foster pet be left alone daily? \_\_\_\_\_  
Where would your foster pet stay while you are gone? \_\_\_\_\_  
Where would your foster pet stay at night? \_\_\_\_\_

Do you understand that by fostering stray/unwanted animals that you are exposing your resident pets to contagious diseases that could be potentially fatal?  Yes  No

Are you willing to bear to cost of food, and in the case of cats, cat litter for your foster pet?  
 Yes  No

Are you financially able to pay veterinary bills for your foster pet and wait to be reimbursed?  
 Yes  No

**References**

Who is your regular, full-service veterinarian (please provide name and clinic info)? \_\_\_\_\_  
\_\_\_\_\_

Please list (name, address, and phone number) two personal references who do not reside in your home and that are not relatives.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

By signing below, I agree that the answers I have provided are true to the best of my knowledge and give Chesapeake Humane Society permission to verify this information. Additionally, I certify that I have never been convicted of animal cruelty, neglect, or abandonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant must be at least 18 years of age)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reason for disapproval \_\_\_\_\_  
\_\_\_\_\_

Signature of Foster Care Supervisor : \_\_\_\_\_ Date: \_\_\_\_\_