

Cocheco Valley Humane Society
FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care - completing this application is the best way to assure a positive experience for both you and the animals.

Thank you for your time and interest!

In order to be considered for foster care, applicants must:

- Be 21 years of age or older.
- Have the consent of all adults living in the household
- Have the consent of the landlord to bring and keep an animal on the property.

GENERAL INFORMATION

Name: _____

Date of Birth (mm,dd,yyyy): ____/____/____

Home Address: _____

Mailing address (if different from above) _____

Email Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

May we contact you at work? Yes No

Best time to call: _____

Employer's Name: _____

Spouse/ Partner's Name: _____

Date of Birth (mm,dd,yyyy): ____/____/____

Contact Phone Number: (____) _____

Best time to call: _____

Do you rent or own the property where the animal will be fostered? Rent Own

Landlord's Name: _____

Landlord's Phone: _____

Landlord's email: _____

Who is/ has been your veterinarian: _____

Phone number: _____

Owner's name on records: _____

Previously owned/ currently owned pets:

Name: _____ Breed/ type: _____

Gender: _____ Spay/ Neuter: _____

Do you still own this pet, explain if necessary: _____

Name: _____ Breed/ type: _____

Gender: _____ Spay/ Neuter: _____

Do you still own this pet, explain if necessary: _____

Name: _____ Breed/ type: _____

Gender: _____ Spay/ Neuter: _____

Do you still own this pet, explain if necessary: _____

ABOUT THE HOME

Do you live in a House Condo Apartment Other _____

Do you have a fenced yard that will be available for the foster animal: Yes No

If yes, what height is it? _____

What is the average noise level at your home? low medium high

Are there any children in your household on a regular basis? Yes No

If yes, what ages? _____

Do any members of the household have relevant allergies? Yes No

If yes, explain: _____

Do you have a separate room available for the foster animals? Yes No

Have all of your pets been vaccinated? Yes No

If no, explain: _____

Where do you plan to keep your foster animal? _____

How many hours per day will your foster animal be without adult care? _____

INTEREST/PERSONAL PREFERENCE

Just as the foster home must match the needs of the animal, it is important that the animal meet the desires of the foster home. To help us match you with the perfect foster care pet, we would like to know more about your interest in the experience.

Why are you interested in fostering? _____

Have you ever fostered animals before? Yes No

What type of animal are you interested in fostering? *Please check all that apply.*

- Litter of kittens with mother cat
- Pregnant cat
- Sick / injured/ recuperating cat
- Rabbits or other small animals

If specific type of small animal, please specify here: _____

- Short term foster care (to provide a vacation / respite needs for other foster volunteers)
- Puppy with special needs
- Puppies only
- Puppies with mother dog
- Pregnant dog
- Sick/ injured/ recuperating dog
- Dog needing house training
- Dog with behavior/ training needs
- Birds
- Other (Please specify) _____

ADDITIONAL EXPERIENCE

Have you ever housetrained a dog? Yes No

Have you ever crate trained a dog? Yes No

Have you ever been involved in the birth on an animal? Yes No

Are you experienced with any specific medical conditions? Yes No

If yes, please explain. _____

Do you have any experience training dogs with behavioral issues? Yes No

If yes, please explain: _____

PREPARING FOR YOUR FOSTER CARE EXPERIENCE

A staff member will discuss the following topics with you. Please check any that are of particular interest or important to you.

- Where your foster pet will be kept during the day, at night, or when you are not home
- What to feed your foster pet and how often
- Introducing your foster pet to children and other family members
- Introducing your foster pet to other pets
- House training
- Crate training

- Socializing
- Health/ Vaccination history
- Behavior modification
- Other _____

Would you allow a Cochecho Valley Humane Society staff member to visit your home prior to and during fostering? Yes No

Are you familiar with pet responsibility laws in your area? Yes No

Who is your town animal control officer?

Name: _____

Phone: _____

I certify that the information I have given is true. I authorize Cochecho Valley Humane Society to contact veterinarians and landlords to investigate all statements in this application, as well as to do follow-up property checks.

Name Printed clearly: _____

Signature: _____

Date (mm/dd/yyyy) _____ / _____ / _____

Thank you!!!



CVHS OFFICE USE ONLY

Date Received:	/	/	
Employee:			
Landlord verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vet report:	<input type="checkbox"/> Okay	<input type="checkbox"/> Not Okay	
Please Comment:			
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date Approved:	/	/	