

Thank you for your interest in serving as a foster family for animals in need at the Capital Area Humane Society. Please complete the items below so that we may get to know more about you, your family, and the types of animals you are interested in fostering.

About Foster Care

This application must be submitted 1 week prior to attending a Foster Care Orientation.

This program is designed to help provide temporary homes for pets that aren't quite physically or behaviorally ready for adoption. Foster volunteers open their homes to animals and provide them with the love and care they need while they await their chance to move to our adoption floor to find their new home.

Our largest fostering need is care for kittens that need a few weeks of TLC to grow big and strong enough for their vaccinations and spay/neuter surgery.

About You

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please check all that apply: Own Rent House Apartment/Condo

Who else will your foster animals may come into contact with on a regular basis?

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Please tell us why you are interested in foster care with the Capital Area Humane Society.

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Please check the boxes below that reflect your interest and experience.

Interest	Experience	Animal	Interest	Experience	Animal
<input type="checkbox"/>	<input type="checkbox"/>	Adult Cats	<input type="checkbox"/>	<input type="checkbox"/>	Weaned Puppies
<input type="checkbox"/>	<input type="checkbox"/>	Weaned Kittens	<input type="checkbox"/>	<input type="checkbox"/>	Nursing Pups with Dog
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Kittens with Cat	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Dogs
<input type="checkbox"/>	<input type="checkbox"/>	Bottle Babies	<input type="checkbox"/>	<input type="checkbox"/>	Animals on Medication
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Cats	<input type="checkbox"/>	<input type="checkbox"/>	Rabbits
<input type="checkbox"/>	<input type="checkbox"/>	Adult Dogs	<input type="checkbox"/>	<input type="checkbox"/>	Pocket Pets

Please tell us more about your interests and experiences indicated above:

About Your Resident Pets

Please complete the information below for each of your pets and attach a copy of their vaccination records.

Name: _____ Species: _____ Age: _____ Breed: _____
 Sex: _____ Spayed/Neutered?: Yes No Current Medical Concerns: _____

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More About Your Resident Pets

Where are your pets during the day? _____

Where are your pets at night? _____

Where are their food and water dishes? _____

Are your cats' litter boxes and food in an area that is inaccessible to dogs? _____

Do your pets like each other? _____

Do they like other animals? _____

Do you have a regular schedule? _____

What days and hours are all adults typically gone from the home? _____

What do you do with your pets when you are out of town? _____

Plans for Foster Animals in Your Home

Do you have an area in your home where you can isolate foster animals?
Where? _____

How will you keep foster animals separate from your pets? _____

Are you willing to keep foster animals (of any species) confined when no adults are home to supervise? _____

Do you understand that most dogs and puppies will not be housebroken and that kittens and cats under stress may sometimes potty outside the litter box? _____

How will you handle an accident from a foster animal? _____

Do you have a fenced yard? _____

How will you exercise puppies over 10 weeks of age? _____

Can you provide basic supplies for foster animals? _____

Do you have experience administering medication to animals?
If yes, please explain: _____

Do you understand that scheduled medical appointments for evaluation or treatment may be necessary and involve travel to the shelter as needed? _____

Do you have the ability to bring foster animals to the shelter for same-day appointments if a medical concern arises? _____

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Volunteer Waiver

As a volunteer for the Capital Area Humane Society (CAHS) Foster Pet Parent Program, I assume legal responsibility for all human or animal injuries, illnesses, behavior or psychological problems incurred once the foster pet(s) is (are) released to my care and no longer on the CAHS premises. I realize that there are risks involved in caring for animals and I hold the Capital Area Humane Society, harmless in any way for any and all claims, lawsuits, damages and attorney fees arising from any incident or activity of any kind, known or unknown, once the animal/pet leaves the CAHS premises, including but not limited all claims for bodily injury and property damage to anyone, including the undersigned, his or her agents, assigns, heirs and representatives.

I also recognize that I am to provide a temporary home to CAHS foster animals. The animals are the property of CAHS, and I agree to return the animals to CAHS on the date requested.

I understand and agree to the following:

- I will bring in my foster pets for vaccinations, treatment or checkups as instructed by CAHS medical staff or the volunteer coordinator of the foster pet program.
- There will be limited or no contact between the foster animals(s) and my own pets of the same species. This is especially important during the first 14 days the foster animal(s) is (are) in my home.
- If I, my family and/or my guests become sick due to exposure to the foster animal(s), CAHS will be unable to provide medical care.
- The foster animal(s) may get sick and be euthanized.
- Foster animals released for adoption will be placed in the normal adoption program with no favoritism given to friends or family of the foster parent(s). Any potential adopter must be approved by the CAHS Adoption Department.

Signature

Date

What's Next?

This application is to be submitted to the Senior Operations Manager by fax, email or in-person. Once we review your application, you will be contacted via email to schedule a Foster Care Orientation. Please note that you will only receive a phone call if an email address is not provided. Thank you! We look forward to working with you.

If you have any questions, please contact:

Jessica Nelson
Senior Operations Manager
(614) 777-7387 ext. 233
Fax: (614) 777-8449
jnelson@cahs-pets.org
www.cahs-pets.org

Office Use

Received: _____ Orientation Date: _____

Contact: Email / Phone: _____ Opt In Volgistics

Notes: _____