



P.O. Box 15061 Chesapeake, VA 23328-5061 (757) 546-5355 www.chesapeakehumane.org

FOSTER APPLICATION

NOTE: YOU MUST HAVE PREVIOUSLY SUBMITTED A VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone Numbers: Home _____ Cell _____

Email Address: _____

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 why: _____

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 why:

Do you have resident dogs? Yes No

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

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.)?

Have you ever given up a pet before Yes No

If yes, please explain: _____

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.?) _____

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 list relationship to you and age. _____

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. _____

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)? _____

May we contact them? Yes No

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

1. _____

2. _____

I certify the foregoing information to be true and complete to the best of my knowledge.

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

Approved: _____ Disapproved: _____

Reason for disapproval _____

Signature Foster Care Supervisor

Date