

Personal Pet Information (Continued)

What veterinarian clinic do you attend? _____

Are you pets: Indoor Only ___ Outdoor Only ___ Both ___ **When gone, are your pets:** Crated ___ Loose in House ___

If you foster for CHS, will you be able to keep your personal pets separate from your fosters? Yes ___ No ___

Where will your fosters spend most of their time? _____

Do you have a fenced-in yard? Yes ___ No ___ **If not, how will you contain/restrict your fosters outdoors?**

Additional Foster Information

Have you ever cared for young, sick, or injured animals before? Please describe your experience:

Please indicate the type of animals you are willing to foster:

Kittens (Bottle-Fed) * ___ Puppies (Bottle Fed) * ___ Mother Cat & Kittens ___ Mother Dog & Puppies ___ Adult Cat ___

Adult Dog ___ Sick/Injured Cat ___ Sick/Injured Dog ___ Special Needs Pet ___ Hospice Pet ___

**Please keep in mind that young kittens and puppies need to be bottle-fed about every 4 hours.*

Why are you interested in fostering for CHS? _____

Have you ever fostered before? Yes ___ No ___ **If yes, from where?** _____

Have you ever surrendered an animal? Yes ___ No ___ **If yes, where at?** _____

A criminal background check may be required to foster for CHS. Do you consent? Yes ___ No ___

I have answered all the above questions truthfully and understand that false statements may void this application. I agree that I have never been charged with or convicted of animal cruelty. I acknowledge Cascades Humane Society reserves the right to inspect all foster homes at any time and, if necessary, remove animals from homes deemed to be unsatisfactory. Cascades Humane Society also always reserves control and guardianship of foster animals.

Signature: _____ Date: _____

CHS Representative: _____ Date: _____